

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000028116

FILED  
May 05, 2003  
Secretary of State

**Entity Name:** ALLIANCE DENTAL CONSULTING, L.L.C.

**Current Principal Place of Business:**

ONE SOUTH SCHOOL AVENUE, SUITE 1000  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH SCHOOL AVENUE, SUITE 1000  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NICHOLS, DAVID P  
ONE SOUTH SCHOOL AVENUE, SUITE 1000  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: DAVID, NICHOLS P MGR  
Address: 1 SOUTH SCHOOL AVENUE, #1000  
City-St-Zip: SARASOTA, FL 34237 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** DAVID NICHOLS

MGRM

05/05/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date