

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032387

FILED
Jul 06, 2008
Secretary of State

Entity Name: WHITE WOLF DENTAL GROUP, PLC

Current Principal Place of Business:

1221 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

416 BLACK OAK LANE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 82-6575866 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALENZI, JOSEPH DMD
416 BLACK OAK LANE
ORMOND BEACH, FL 32174 US

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/MANAGERS:

Title: MGRM () Delete
Name: VALENZI, JOSEPH DMD
Address: 416 BLACK OAK LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: DISTINCTIVE DENTAL S, ERVICE
Address: 416 BLACK OAK LN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOSEPH VALENZI

DR.

07/06/2008

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