

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032387

FILED
Jan 25, 2009
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 ()

Name and Address of Current Registered Agent:

VALENZI, JOSEPH DMD
416 BLACK OAK LANE
ORMOND BEACH, FL 32174 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/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 D.M.D.

MGRM

01/25/2009

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