2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2004
Secretary of State

DOCUMENT# L03000006177

Entity Name: EMERGENCY DENTAL CENTER BY SERENITY, LLC

Current Principal Place of Business:

202 W PATTERSON ST
TAMPA, FL 33604 US

New Principal Place of Business:

1849 COLLIER PKWY
LUTZ, FL 33549 US

Current Mailing Address:

202 W PATTERSON ST
TAMPA, FL 33604 US

New Mailing Address:

1849 COLLIER PKWY
LUTZ, FL 33549 US

FEI Number: 56-2321102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, NILASH S
202 W PATTERSON ST
TAMPA, FL 33604 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: MGRM ( ) Delete
Name: PATEL, NILASH S
Address: 202 W PATTERSON ST
City-St-Zip: TAMPA, FL 33604 US

Title: MGRM ( ) Delete
Name: PATEL, NITASH S
Address: 202 W PATTERSON ST
City-St-Zip: TAMPA, FL 33604 US

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 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: NILASH PATEL MGRM 06/25/2004

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