2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L03000006177

Entity Name: EMERGENCY DENTAL CENTER BY SERENITY, LLC

Current Principal Place of Business:

1849 COLLIER PKWY
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

1849 COLLIER PKWY
LUTZ, FL 33549 US

New Mailing Address:

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:

PATEL, NILASH S
1849 COLLIER PKWY
LUTZ, FL 33549 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: NILASH PATEL 01/10/2005
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: MGRM (X) Change ( ) Addition
Name: NILASH S PATEL DMD P, A
Address: 1849 COLLIER PKWY
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM (X) Change ( ) Addition
Name: NITASH S PATEL DMD P, A
Address: 1849 COLLIER PKWY
City-St-Zip: LUTZ, FL 33549 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: NILASH PATEL MGRM 01/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date