

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90339 001 ****50.00

DOCUMENT # L03000006794

1. Entity Name

HIALEAH DENTAL SPECIALTY ASSOCIATES, P.L.



Principal Place of Business

900 WEST 49TH STREET, SUITE 400
HIALEAH, FL 33012

Mailing Address

900 WEST 49TH STREET, SUITE 400
HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



01252007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

30-0141387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, BRENT D
801 BRICKELL AVENUE, SUITE 1901
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CUSHING, DR. ROBERT B
102 ABBIE COURT
SWEALLS POINT, FL 34996

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
ERRO, DR. JUAN C
11201 SW 60TH COURT
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
SOOTIN, DR. JOHN V
3801 NE 207TH STREET, APT. 2304
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #