

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006794

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** HIALEAH DENTAL SPECIALTY ASSOCIATES, P.L.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 30-0141387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEIN, BRENT D  
801 BRICKELL AVENUE, SUITE 1901  
MIAMI, FL 33131 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  
**Name:** CUSHING, DR. ROBERT B  
**Address:** 102 ABBIE COURT  
**City-St-Zip:** SWEALLS POINT, FL 34996

**Title:** MGRM  
**Name:** ERRO, DR. JUAN C  
**Address:** 11201 SW 60TH COURT  
**City-St-Zip:** MIAMI, FL

**Title:** MGRM  
**Name:** SOOTIN, DR. JOHN V  
**Address:** 3801 NE 207TH STREET, APT. 2304  
**City-St-Zip:** AVENTURA, FL 33180

I hereby 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:** JUAN C. ERRO

DR.

04/21/2010

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