

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 12, 2004 8:00 am
Secretary of State**

04-12-2004 90027 021 ****50.00

DOCUMENT # L03000022076

1. Entity Name
ENTERPRISE DENTAL, LLC



Principal Place of Business
**5570 BEE RIDGE ROAD, SUITE C-2
SARASOTA, FL 34233**

Mailing Address
**5570 BEE RIDGE ROAD, SUITE C-2
SARASOTA, FL 34233**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03222004 Chg-LLC CR2E083 (10/03)

Applied For

4. FEI Number
56-2370241

Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAJALA, TERESA L
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **GIANNINI, ALESSANDRO A**
STREET ADDRESS **5570 BEE RIDGE ROAD, SUITE C-2**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **MGR** Delete
NAME **STRICKLAND, GEORGE N**
STREET ADDRESS **5570 BEE RIDGE ROAD, SUITE C-2**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Alex Giannini Manager

3/23/04 941-377-8028

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

Date

Daytime Phone #