

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**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**



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**56-2370241**

Applied For

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**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

100000183660  
01/24/05-80104-017 50.00

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #

*[Signature]* **Alex GIANNINI, 11/18/05 941-377-8028**