Apr-11-06 13:07 From-Kirk Pinkerton Law Firm 94136482

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Secretary of State
04-14-2006 90031 007 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022076

1. Entity Name
ENTERPRISE DENTAL, LLC

20030044

Principal Place of Business	Mailing Address
5570 BEE RIDGE ROAD, SUITE C-2 SARASOTA, FL 34233	411 VANDERKLOOT DR OSPREY, FL 34229

03032006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2555 Enterprise Rd	
Suite, Apt. #, etc.: Suite #3	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33763 Country:	Zip Country

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

7. Name and Address of New Registered Agent

Name: David M. Silberstein
Street Address (P.O. Box Number is Not Acceptable): 720 South Orange Ave
City: Sarasota FL Zip Code: 34236

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] 4/11/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIANNINI, ALESSANDRO A 5570 BEE RIDGE ROAD, SUITE C-2 SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 411 Vanderkloot Dr. Osprey FL 34229
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STRICKLAND, GEORGE N 5570 BEE RIDGE ROAD, SUITE C-2 SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 324 Bayshore Dr. Sarasota FL 34231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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] Alessandro Giannini 4/11/2006 941-924-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #