


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90063 036 ****50.00

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DOCUMENT # L03000022076					
1. Entity Name ENTERPRISE DENTAL, LLC					
Principal Place of Business 2555 ENTERPRISE RD STE #3 CLEARWATER, FL 33763			Mailing Address 411 VANDERKLOOT DR OSPREY, FL 34229		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8620 S. Tamiami Trail			
Suite, Apt. #, etc.		Suite N-P			
City & State		City & State Sarasota, FL		4. FEI Number 56-2370241	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 34238		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Alessandro A. Giannini, D.D.S. Street Address (P.O. Box Number is Not Acceptable) 8620 S. Tamiami Trail Suite N-P City Sarasota FL Zip Code 34238		
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  DATE 1/10/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		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 411 VANDERKLOOT DR OSPREY, FL 34229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Alessandro A. Giannini, D.D.S. 8620 S. TAMIAAMI TRAIL, Suite N-P SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STRICKLAND, GEORGE N 324 BAYSHORE DR SARASOTA, FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date 1/10/07		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		