2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2006
Secretary of State

DOCUMENT# L03000031617

Entity Name: JOANNE DENTAL CENTER, LLC

Current Principal Place of Business:

14171 METROPOLIS AVENUE, #201
FORT MYERS, FL 33912

New Principal Place of Business:

14171 METROPOLIS AVENUE
SUITE 201
FORT MYERS, FL 33912

Current Mailing Address:

14171 METROPOLIS AVENUE, #201
FORT MYERS, FL 33912

New Mailing Address:

14171 METROPOLIS AVENUE
SUITE 201
FORT MYERS, FL 33912

FEI Number: 56-2313975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM R ESQ.
8191 COLLEGE PARKWAY, #204
FORT MYERS, FL 33919 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 ( ) Delete
Name: LU, JOANNE
Address: 14171 METROPOLIS AVENUE, #201
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOANNE LU MGRM 02/12/2006

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