

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90168 003 ****55.00

DOCUMENT # L03000038797

1. Entity Name
DENTAL EXPRESS, P.L.



Principal Place of Business
**1865 HILLVIEW ST.
SARASOTA, FL 34239**

Mailing Address
**1865 HILLVIEW ST.
SARASOTA, FL 34239**

2. Principal Place of Business

3. Mailing Address

Pinebrook Dental North

4802 51st St. West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6222 U.S. Hwy 301 N.

Apt #1724

City & State

City & State

Ellenton, FL

Bradenton, FL

Zip

Country

Zip

Country

34222

U.S.

34210

U.S.

03042003

Chg-LLC

CR2E083 (10/03)

4. FEI Number

56-2444418

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARAJON, HILDA
1865 HILLVIEW ST.
SARASOTA, FL 34239**

Name

Parajon, Hilda

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

6222 U.S. Hwy 301 N.

Ellenton

City

FL

Zip Code

34222

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

Hilda Parajon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/24/04

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PARAJON, HILDA
1865 HILLVIEW ST.
SARASOTA, FL 34239** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Parajon, Hilda
6222 U.S. Hwy 301 N.
Ellenton, FL 34222** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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 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:

Hilda Parajon

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

5/24/04

Date

(941) 729-6636

Daytime Phone #