JUN.10.2005 12:42PM BOWMAN GEORGE SCHEB TOALE

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State
06-20-2005 90165 016 ****50.00

DOCUMENT # L03000038797

1. Entity Name
DENTAL EXPRESS, P.L.

Principal Place of Business	Mailing Address
PINEBROOK DENTAL NORTH 6222 US HWY 301 N. ELLENTON, FL 34222	4802 51ST ST. WEST APT #1724 BRADENTON, FL 34210

06062005 No Chg-LLC CR2E063 (10/03)

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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

PARAJON, HILDA
6222 US HWY 301 N.
ELLENTON, FL 34222

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARAJON, HILDA
STREET ADDRESS	6222 U.S. HWY 301 N.
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #