2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

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Entity Name: FLIGHT STREAM, L.L.C.

Current Principal Place of Business:

C/O DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

New Principal Place of Business:

DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

Current Mailing Address:

C/O DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

FEI Number: 20-0347868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, DAVID P
C/O DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237 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:	MGR	( ) Delete
Name:	MATZKIN, STEVEN R	
Address:	1 SOUTH SCHOOL AVENUE, SUITE 1000	
City-St-Zip:	SARASOTA, FL 34237	
Title:	P	( ) Delete
Name:	LOGAN, SAM	
Address:	4032 RED ROCK LANE	
City-St-Zip:	SARASOTA, FL 342313543	
Title:	P	(X) Delete
Name:	VICK, MAURICE	
Address:	1067 WESTWAY DRIVE	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN R. MATZKIN MGR 03/12/2009

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