

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041724

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

FILED  
Mar 09, 2011  
Secretary of State

## Current Principal Place of Business:

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.  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

## Current Mailing Address:

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

## New Mailing Address:

DENTAL CARE ALLIANCE, L.L.C.  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240

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:

NICHOLS, DAVID P  
C/O DENTAL CARE ALLIANCE, L.L.C.  
6240 LAKE OSPREY DRIVE  
SARASOTA, FL 34240 US

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:

03/09/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: MATZKIN, STEVEN R  
Address: 6240 LAKE OSPREY DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: P  
Name: LOGAN, SAM  
Address: 4032 RED ROCK LANE  
City-St-Zip: SARASOTA, FL 342313543

I hereby 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

03/09/2011

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