


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 AUG 11 2004 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000052732

1. Entity Name
DORAL ADMINISTRATIVE SERVICES OF FLORIDA, LLC



Principal Place of Business
**12121 NORTH CORPORATE PARKWAY
MEQUON, WI 53092**

Mailing Address
**12121 NORTH CORPORATE PARKWAY
MEQUON, WI 53092**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



08022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3709421 Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 renewing)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MGRM
Doral Dental USA, LLC
12121 North Corporate Parkway
Mequon, WI 53092

900040101889

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Patricia C. Ma **Patricia C. Ma** Authorized Representative **8/4/04** **617.886.1672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 844318 7329552
AUTHORIZATION : Patricia Pizuto
COST LIMIT : \$ 55.00

ORDER DATE : August 11, 2004
ORDER TIME : 3:25 PM
ORDER NO. : 844318-005
CUSTOMER NO: 7329552
CUSTOMER: Judith C. Muse
Dentaquest Ventures, Inc.
465 Medford Street
Boston, MA 02129

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: DORAL ADMINISTRATIVE SERVICES OF FLORIDA, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: