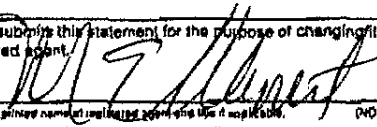
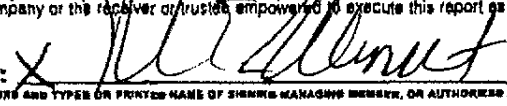


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L03000055301 1. Entity Name PINE RIDGE DENTAL, L.L.C.		
Principal Place of Business 2330 PINE RIDGE ROAD NAPLES, FL 34109	Mailing Address 2330 PINE RIDGE ROAD NAPLES, FL 34109	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent WHITE, JOHN P 3431 PINE RIDGE ROAD, SUITE 101 C/O PARRISH, WHITE & LAWHON, P.A. NAPLES, FL 34109		DO NOT WRITE IN THIS SPACE
6. 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:  Signature, typed or printed name of registered agent, and date if applicable.		DATE: 4/26/06 (NOTE: Registered Agent signature required when releasing)
Filing Fee is \$50.00 Due by May 1, 2006		
8. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KASEN ALY, INC. 9136 BONITA BEACH ROAD BONITA SPRINGS, FL 34135	
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE.		DATE: 4/26/06 Daytime Phone *



04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0131390	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

U000000546289
05/11/06-80111-006 50.00

**DO NOT WRITE
IN THIS SPACE**