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	Mailing Address
2330 PINE RIDGE ROAD NAPLES, FL 34109	2330 PINE RIDGE ROAD NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ 4/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

8.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KASEN ALY, INC.
STREET ADDRESS	9136 BONITA BEACH ROAD
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80111-006 50.00

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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: X _____ 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #