

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055301

FILED
Jul 13, 2007
Secretary of State

Entity Name: PINE RIDGE DENTAL, L.L.C.

Current Principal Place of Business:

2330 PINE RIDGE ROAD
NAPLES, FL 34109

New Principal Place of Business:

501 GOODLETTE RD. N.
STE B200
NAPLES, FL 34102

Current Mailing Address:

2330 PINE RIDGE ROAD
NAPLES, FL 34109

New Mailing Address:

501 GOODLETTE RD. N.
STE B200
NAPLES, FL 34102

FEI Number: 90-0131390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 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: KASEN ALY, INC.,
Address: 9136 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: POLLOCK, GEORGE K DR.
Address: 501 GOODLETTE RD. N. STE B200
City-St-Zip: NAPLES, FL 34102

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: GEORGE K. POLLOCK

DR.

07/13/2007

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