

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055301

FILED  
Apr 07, 2008  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 90-0131390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

**ADDITIONS/CHANGES:**

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

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

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 DDS

MGR

04/07/2008

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