2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008243

Entity Name: WRIGHT DENTAL CARE, LLC

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2938 W. BAY DRIVE SUITE C

BELLEAIR BLUFFS, FL 33770

Current Mailing Address: New Mailing Address:

2938 W. BAY DRIVE SUITE C

BELLEAIR BLUFFS, FL 33770

FEI Number: 20-0788955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEL RIO, RALPH WRIGHT, SCOTT D
505 N ROME AVE 2938 W BAY DRIVE

TAMPA, FL 33629 US SUITE C
BELLEAIR BLUFFS, FL 33770 US

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: SCOTT DAVID WRIGHT 04/22/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 WRIGHT, SCOTT_DR
 Name:
 WRIGHT, SCOTT_DR

 Address:
 3942 EAST EDEN ROE CIR
 Address:
 2938 W BAY DRIVE

City-St-Zip: TAMPA, FL 33634 City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: WRIGHT, ELIZABETH DR Name: WRIGHT, ELIZABETH DR
Address: 3942 EAST EDEN ROE CIR Address: 2938 W BAY DRIVE

City-St-Zip: TAMPA, FL 33634 City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT DAVID WRIGHT MGRM 04/22/2005