

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016892

Entity Name: CHELSEA DENTAL, PL

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1248 SEVEN SPRINGS BLVD.
SUITE E
TRINITY, FL 34655 US

New Principal Place of Business:

2822 GREY OAKS BOULEVARD
TARPON SPRINGS, FL 34688 US

1557 EAGLES REACH
TARPON SPRINGS, FL 34688 US

FEI Number: 71-0967653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMPSEY, REBECCA L
2822 GREY OAKS BLVD.
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

DEMPSEY, REBECCA L
1557 EAGLES REACH
TARPON SPRINGS, FL 34688 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: REBECCA L. DEMPSEY

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEMPSEY, DAVID W
Address: 2822 GREY OAKS BOULEVARD
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM () Delete
Name: DEMPSEY, REBECCA L
Address: 2822 GREY OAKS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEMPSEY, DAVID W
Address: 1557 EAGLES REACH
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM (X) Change () Addition
Name: DEMPSEY, REBECCA L
Address: 1557 EAGLES REACH
City-St-Zip: TARPON SPRINGS, FL 34688

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: DAVID W. DEMPSEY, D.D.S.

MGRM

04/24/2006

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