


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90370 035 ****50.00

DOCUMENT # L04000031102 1. Entity Name DORAL PEDIATRIC DENTISTRY, L.L.C.					
Principal Place of Business 12311 TAFT STREET STE 3 PEMBROKE PINES, FL 33026			Mailing Address 12311 TAFT STREET STE 3 PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box # 10717 NW 58 STREET		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DORAL FL		City & State		4. FEI Number 30-0249360	
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRASTAZU, JUAN L 12311 TAFT STREET STE 3 PEMBROKE PINES, FL 33026				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARRASTAZU, JUAN L DMD 12311 TAFT STREET STE 3 PEMBROKE PINES, FL 33026			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 2/13/07 Daytime Phone #: 954-431-7199	