

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037795

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: ANDERSON DENTAL, P.L.C.

**Current Principal Place of Business:**

701 CYPRESS GREEN CIRCLE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

9940 BELEVEDERE RD  
SUITE E  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

701 CYPRESS GREEN CIRCLE  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 26-0090201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S ESQ  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ANDERSON, MARC  
Address: 701 CYPRESS GREEN CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

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

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: MARC ANDERSON

MGRM

01/24/2005

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