2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044926

Entity Name: PERFECT SMILE DENTISTRY II, LLC

FILED Apr 17, 2007 Secretary of State

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

7593 BOYNTON BEACH BLVD. #200 BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

7593 BOYNTON BEACH BLVD. #200 BOYNTON BEACH, FL 33437

FEI Number: 20-1257540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BATES, BARBARA 7593 BOYNTON BEACH BLVD. #200 BOYNTON BEACH, FL 33437 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRP () Delete Title: MGRP (X) Change () Addition Name: BATES, BARABARA Name: BATES, BARABARA

Address: 2593 BOYNTON BEACH BLVD #200 Address: 7593 BOYNTON BEACH BLVD #200
City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: BOYNTON BEACH, FL 33437

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

 Name:
 AKEL, RASMI
 Name:

 Address:
 7593 BOYNTON BEACH BLVD #200
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA BATES MNG 04/17/2007