2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L04000046557

Entity Name: CHRISTIE DENTAL PRACTICE GROUP, P.L.

Current Principal Place of Business:

775 E. MERRITT ISLAND CAUSEWAY
SUITE 235
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

775 E. MERRITT ISLAND CAUSEWAY
SUITE 235
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 20-1272092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THERIAC, AMARI Y P.C.
MARINER JA, SUITE 302
96 WILLERD SX
COCOA, FL 32922 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/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: CHRISTIE, TODD E DMD
Address: 1694 A W. HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Change (X) Addition
Name: CHRISTIE, TIMOTHY E
Address: 1694 A W. HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

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: TIM CHRISTIE MGR 04/27/2007

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