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Jul 15, 2005 8:00 am
Secretary of State

05-12-2005 90031 007 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052989

1. Entity Name
DR. DENT OF AMERICA, LLC

Principal Place of Business	Mailing Address
900 OLD COMBEE ROAD LAKELAND, FL 33805	P.O. BOX 92556 LAKELAND, FL 33804

000101?3

04292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 11133	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: SPRINGFIELD, Mo.	
Zip	Country	Zip: 65808	Country: USA

4. FEI Number: 20-1411635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALLOCK, DAVID D JR ONE LAKE MORTON DRIVE LAKELAND, FL 33801	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER STUART A. BASS P.O. Box 11133 SPRINGFIELD MO. 65808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~STUART BASS 900 OLD COMBEE RD. LAKELAND, FL 33805~~ ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] STUART A. BASS 4/30/05 863-660-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #