

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063380

Entity Name: DMD GROUP, LLC

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

14511 LAGUNA DRIVE WEST
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

14511 LAGUNA DRIVE WEST
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Title: MGRM () Delete
Name: DERASPE, MICHAEL
Address: 21B EASTERN PROMENADE
City-St-Zip: PORTLAND, ME 04101 US

Title: MGRM () Delete
Name: MCLAUGHLIN, DAVID
Address: 22 FARRELL DRIVE
City-St-Zip: PINECLIFFE, CO 80471 US

Title: MGRM () Delete
Name: DEMPSEY, CAROLE
Address: 14511 LAGUNA DRIVE WEST
City-St-Zip: FORT MYERS, FL 33908 US

ADDITIONS/CHANGES:

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

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

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

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: CAROLE DEMPSEY

MGRM

05/09/2007

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