2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000065652

1. Entity Name
CENTER FOR ORAL, DENTAL IMPLANT & MAXILLOFACIAL SURGERY OF TAMPA BAY, LLC

Principal Place of Business	Mailing Address
8313 W. HILLSBOROUGH AVENUE HILLSBOROUGH OFFICE PARK, SUITE 300 TAMPA, FL 33615 US	3914 W. SAN NICHOLAS ST TAMPA, FL 33629-6310 US

DO NOT WRITE IN THIS SPACE

01122008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1596431
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALIENTE, ERNESTO A DMD
3914 W SAN NICHOLAS ST.
TAMPA, FL 33629-6310

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	VALIENTE, ERNESTO A
STREET ADDRESS	3914 W SAN NICHOLAS ST
CITY-ST-ZIP	TAMPA, FL 336296310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/07/08-80058-003 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ernesto A. Valiente 01/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #