2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L04000065652

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

Current Principal Place of Business:

8313 W. HILLSBOROUGH AVENUE
HILLSBOROUGH OFFICE PARK, SUITE 300
TAMPA, FL 33615 US

New Principal Place of Business:

6515 GUNN HWY
TAMPA, FL 33625 US

Current Mailing Address:

3914 W. SAN NICHOLAS ST
TAMPA, FL 336296310 US

New Mailing Address:

6515 GUNN HWY
TAMPA, FL 33625 US

FEI Number: 20-1596431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALIENTE, ERNESTO A DMD
3914 W SAN NICHOLAS ST.
TAMPA, FL 336296310 US

Name and Address of New Registered Agent:

VALIENTE, ERNESTO A DMD
6515 GUNN HWY
TAMPA, FL 33625 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: _____ 04/09/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VALIENTE, ERNESTO A
Address: 3914 W SAN NICHOLAS ST
City-St-Zip: TAMPA, FL 336296310 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VALIENTE, ERNESTO A
Address: 6515 GUNN HWY
City-St-Zip: TAMPA, FL 33625 US

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: ERNESTO VALIENTE MGR 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date