2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

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Entity Name: DOLPHIN DENTAL GROUP, LLC

Current Principal Place of Business:

10820 SEMINOLE BLVD.
SEMINOLE, FL 33778

New Principal Place of Business:

Current Mailing Address:

10820 SEMINOLE BLVD.
SEMINOLE, FL 33778

New Mailing Address:

FEI Number: 03-0551051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNETT, JOHN B
10820 SEMINOLE BLVD.
SEMINOLE, FL 33778 US

Name and Address of New Registered Agent:

RASHID, MAHER
10820 SEMINOLE BLVD.
SEMINOLE, FL 33778 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: MAHER RASHID, DMD 01/26/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JOHN B. BARNETT, D.D, .S., P.A.
Address: 10820 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33778

Title: MGRM ( ) Delete
Name: MAHER RASHID, DMD, P, A
Address: 10820 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33778

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHN B. BARNETT, DDS, , P.A.
Address: 10820 SEMINOLE BLVD.
City-St-Zip: SEMINOLE, FL 33778

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MAHER RASHID, DMD MGRM 01/26/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date