

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091864

FILED
Jul 12, 2006
Secretary of State

Entity Name: DADELAND DENTAL SPECIALISTS, LLC

Current Principal Place of Business:

176 NE 82 STREET
MIAMI, FL 33138 US

New Principal Place of Business:

7887 SW 88 STREET
#103
MIAMI, FL 33156 US

Current Mailing Address:

176 NE 82 STREET
MIAMI, FL 33138 US

New Mailing Address:

1400 NE MIAMI GARDENS DRIVE
#101
MIAMI, FL 33179 US

FEI Number: 20-0111053 FEI Number Applied For () FEI Number Not Applicable () 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:

CASTHELY ORTHODONTICS, PA
160 NE 82 STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

CASTHELY ORTHODONTICS, PA
1400 NE MIAMI GARDENS DRIVE
#101
MIAMI, FL 33179 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:

07/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASTHELY ORTHODONTIC, S, PA
Address: 160 NE 82 STREET
City-St-Zip: MIAMI, FL 33138 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASTHELY ORTHODONTIC, S, PA
Address: 1400 NE MIAMI GARDENS DRIVE
City-St-Zip: MIAMI, FL 33179 US

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: DR. F. LUCIE CASTHELY

PRES

07/12/2006

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