2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L04000091991

Entity Name: SMITH & SMITH DENTAL ASSCIATES, LLC.

Current Principal Place of Business:

1190 W. EDGEWOOD AVENUE, BLDG. B
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1190 W. EDGEWOOD AVENUE, BLDG. B
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 83-0415420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MILDRED
1190 W. EDGEWOOD AVENUE, BLDG. B
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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: SMITH, JOSEPH E
Address: 1190 W. EDGEWOOD AVE., BLDG. B
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM ( ) Delete
Name: SMITH, IVAN J
Address: 1190 W. EDGEWOOD AVE., BLDG. B
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SMITH, ALISIA L
Address: 1190 W. EDGEWOOD AV., BLDG. B
City-St-Zip: JACKSONVILLE, FL 32208

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: IVAN SMITH MGRM 04/22/2008

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