2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006
Secretary of State

DOCUMENT# L04000093959

Entity Name: WESTWOOD FAMILY DENTAL CENTER, PLLC

Current Principal Place of Business:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33626

New Principal Place of Business:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625

Current Mailing Address:

12025 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

New Mailing Address:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625

FEI Number: 20-2087378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HECTOR, VERGARA F
12025 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626 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: MGR ( ) Delete
Name: VERGARA, CLAUDIA P DR
Address: 12025 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

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: CLAUDIA P VERGARA MGR 03/01/2006

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