2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L04000093959

Entity Name: WESTWOOD FAMILY DENTAL CENTER, PLLC

Current Principal Place of Business:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625

New Principal Place of Business:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625 US

Current Mailing Address:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625

New Mailing Address:

8573 WEST LINEBAUGH AVE
TAMPA, FL 33625 US

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

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:

VERGARA, CLAUDIA P DR
12025 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626 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: CLAUDIA P. VERGARA, D.D.S. 04/02/2007
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: MGR (X) Change ( ) Addition
Name: VERGARA, CLAUDIA P DR
Address: 12025 ROYCE WATERFORD CIRCLE
City-St-Zip: TAMPA, FL 33626 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: CLAUDIA P. VERGARA DR 04/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date