2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# L05000003745

Entity Name: ADVANCED DENTAL ENTERPRISES LLC

Current Principal Place of Business:

12651 W SUNRISE BLVD
SUITE 204
SUNRISE, FL 33323

New Principal Place of Business:

14201 WEST SUNRISE BLVD
SUITE 106
SUNRISE, FL 33323

Current Mailing Address:

12651 W SUNRISE BLVD
SUITE 204
SUNRISE, FL 33323

New Mailing Address:

14201 WEST SUNRISE BLVD
SUITE 106
SUNRISE, FL 33323

FEI Number: 20-2146592 **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:

MALPICA, OMAR A SR
11960 NW 8 ST
PLANTATION, FL 33325 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: MALPICA, OMAR A SR
Address: 11960 NW 8 ST
City-St-Zip: PLANTATION, FL 33325

Title: MGRM ( ) Delete
Name: MALPICA, FANNY
Address: 11960 NW 8 ST
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES:

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

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: OMAR MALPICA MGRM 05/08/2006

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