

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012122

FILED
Jan 29, 2008
Secretary of State

Entity Name: ORAL FACIAL CORAL SPRINGS, LLC

Current Principal Place of Business:

100 N.W. 82ND AVE.
SUITE 101-102
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

100 N.W. 82ND AVE.
SUITE 101-102
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 56-2516640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYTON, KEVIN L
100 N.W. 82ND AVE.
SUITE 101-102
PLANTATION, FL 33324 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: PAYTON, KEVIN L
Address: 100 N.W. 82ND AVE, SUITE 101-102
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: FRIEDMAN, KURT E
Address: 100 N.W. 82ND AVE, SUITE 101-102
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: CARDENAS, LUIS
Address: 100 N.W. 82ND ST, SUITE 101-102
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

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

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 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: KEVIN PAYTON

MGRM

01/29/2008

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