2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000027868

Entity Name: CHILDREN'S DENTAL HOSPITAL SERVICES, LLC

Current Principal Place of Business:

12515 N. KENDALL DRIVE, SUITE 412
MIAMI, FL 33186

New Principal Place of Business:

12515 N. KENDALL DRIVE, SUITE 406
MIAMI, FL 33186

Current Mailing Address:

12515 N. KENDALL DRIVE, SUITE 412
MIAMI, FL 33186

New Mailing Address:

12515 N. KENDALL DRIVE, SUITE 406
MIAMI, FL 33186

FEI Number: 20-2545675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOBER, MELVYN S D.D.S.
12515 N. KENDALL DRIVE, SUITE 412
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

GOBER, MELVYN S D.D.S.
12515 N. KENDALL DRIVE, SUITE 406
MIAMI, FL 33186 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: _____ 04/26/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOBER, MELVYN S DDS
Address: 12515 NO KENDALL DRIVE STE 412
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOBER, MELVYN S DDS
Address: 12515 NO KENDALL DRIVE STE 406
City-St-Zip: MIAMI, FL 33186

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: MELVYN S. GOBER MGRM 04/26/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date