

DOCUMENT# L05000037194

Entity Name: CATHOLIC DENTISTRY OF CORAL SPRINGS, LLC

New Principal Place of Business:**New Mailing Address:**

Certificate of Status Desired ()

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: QUEIJA, JORGE I
Address: 1428 NW 103 LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

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

Title: MGR () Delete
Name: QUEIJA, DINA M
Address: 1428 NW 103 LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: JORGE QUEIJA

MGR

04/30/2009

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