2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2010
Secretary of State

DOCUMENT# L05000046475

Entity Name: COUNTYLINE DENTAL, LLC

Current Principal Place of Business:

21457 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

21457 NW 2ND AVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 81-0671550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARON, ROBERT S
21457 NW 2ND AVE
MIAMI, FL 33169 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
Name: ARON, ROBERT S
Address: 21457 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: T
Name: RUBIN, JONATHAN
Address: 21457 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

I hereby 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 Statues.

SIGNATURE: ROBERT ARON MGRM 04/19/2010

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