2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# L05000049008

Entity Name: SPRUCE CREEK DENTAL CARE, LLC

Current Principal Place of Business:

17820 S.E. 109TH AVE
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

17820 S.E. 109TH AVE
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 20-5229328 **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:

GAITAN, GERMAN
17820 S.E. 109TH AVE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

MAMSA, EBRAHIM
17820 S.E. 109TH AVE
SUMMERFIELD, FL 34491 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: DR. EBRAHIM MAMSA 07/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAITAN, GERMAN
Address: 17820 S.E. 109TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM (X) Delete
Name: MAMSA, EBRAHIM
Address: 17820 S.E. 109TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM (X) Delete
Name: SIDDIQUI, ANWAR M
Address: 17820 S.E. 109TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAMSA, EBRAHIM
Address: 17820 S.E. 109TH AVE
City-St-Zip: SUMMERFIELD, FL 34491

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: EBRAHIM MAMSA MGRM 07/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date