

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000053456

1. Entity Name
MIRACLE DENTISTRY, LLC



FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business
9449 SHERIDAN STREET
COOPER CITY, FL 33024

Mailing Address
9449 SHERIDAN STREET
COOPER CITY, FL 33024



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2917621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

COREY, RICHARD P
9449 SHERIDAN STREET
COOPER CITY, FL 33024

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAYCO DENTAL, P.A.
STREET ADDRESS	351 SW 187 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	MGRM
NAME	DORA E. RODRIGUEZ, INC.
STREET ADDRESS	1756 HARBOR POINT CIRCLE
CITY-ST-ZIP	WESTON, FL 33327

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MAY YAZSI-COREY

1/24/08 (954) 8859520

Date

Daytime Phone #