2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000081743

1. Entity Name
SIGNATURE DENTAL PLC

Principal Place of Business	Mailing Address
1421 MAJESTIC OAK DRIVE APOPKA, FL 32712	1421 MAJESTIC OAK DRIVE APOPKA, FL 32712

01052007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
752 STIRLING CENTER PLACE		
Suite, Apt. #, etc. SUITE 1000	Suite, Apt. #, etc.	

City & State LAKE MARY FLORIDA	City & State	**4.** FEI Number 20-3389767	Applied For Not Applicable
Zip 32746	Country USA	Zip	Country

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
AM&E SERVICES LLC 605 EAST ROBINSON STREET STE 730 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		**10.**	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. HOLTERY, ANDY S 1421 MAJESTIC OAK DR APOPKA, FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ___   1/5/07   407-833-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #