

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

08-17-2006 90044 043 ****50.00

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DOCUMENT # L05000105404 1. Entity Name CRESCENT DENTAL SERVICES, LLC					
Principal Place of Business 600 OHIO AVENUE SUITE B LYNN HAVEN, FL 32444 US			Mailing Address 600 OHIO AVENUE SUITE B LYNN HAVEN, FL 32444 US		
2. Principal Place of Business 809 B Florida Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 809 B Florida Ave. <small>Suite, Apt. #, etc.</small>		08082006 Chg-LLC CR2E083 (11/05)	
City & State Lynn Haven FL		City & State Lynn Haven, FL		4. FEI Number 20-3693507	
-Zip- -Country- 32444 US		-Zip- -Country- 32444 US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, RALPH J 600 OHIO AVENUE SUITE B LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name Ralph J. Perez Street Address (P.O. Box Number is Not Acceptable) 809 B Florida Ave. City Lynn Haven FL Zip Code 32444	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	MGRM PEREZ, RALPH J 600 OHIO AVENUE, SUITE B LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	MGRM PEREZ, BRAD J 600 OHIO AVENUE, SUITE B LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	MGRM Carlton S. Schwartz 7105 Dolphin Bay Blvd. Panama City Beach, FL 32407		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Ralph J. Perez			Date 8/10/06 Daytime Phone #		