2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000116518

1. Entity Name
T&J DENTAL LLC

FILED
07 SEP 17 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
334 CITATION POINT NAPLES, FL 34104 US	~~334 CITATION POINT~~ ~~NAPLES, FL 34104 US~~

08202007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 1111
Suite, Apt. #, etc.	Suite, Apt. #, etc. 8075 Pennsylvania Ave.
City & State	City & State Irwin PA
Zip / Country	Zip / Country 15642 / USA

4. FEI Number
~~APPLIED FOR~~ ☐ Applied For ☒ Not Applicable

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
RHOADES, LAWRENCE J 420 HARBOUR DR. NAPLES, FL 34103	Name: Wm David Jenkins Street Address (P.O. Box Number is Not Acceptable): 1131 22nd Avenue, North City: Naples FL Zip Code: 34103

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: Wm D. Jenkins 8/20/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RHOADES, LAWRENCE J 420 HARBOUR DR. NAPLES, FL 34103	☐ Delete	Member The Ex One Company P.O. Box 1111, 8075 Pennsylvania Ave. Irwin, PA 15642	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TOBER, ROBERT B DR 2240 SOUTHWINDS DRIVE NAPLES, FL 34102	☒ Delete	900109755479 09/21/07--01044--013 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JENKINS, WM DAVID 1131 22ND STREET, NORTH NAPLES, FL 34103	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 9/30/07 724-864-8524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #