2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# L05000121852

Entity Name: MILLER DENTAL ASSOCIATES, P.L.

Current Principal Place of Business:

6071 LEELAND STREET S
ST. PETERSBURG, FL 33715

New Principal Place of Business:

900 CARILLON PARKWAY
SUITE 307
ST. PETERSBURG, FL 33716

Current Mailing Address:

6071 LEELAND STREET S
ST. PETERSBURG, FL 33715

New Mailing Address:

900 CARILLON PARKWAY
SUITE 307
ST. PETERSBURG, FL 33716

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ.
1968 BAYSHORE BOULEVARD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: MILLER, NATHAN C MEMBER
Address: 900 CARILLON PARKWAY SUITE 307
City-St-Zip: ST. PETERSBURG, FL 33716 US

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: NATHAN C. MILLER MM 03/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date