## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000023237

FILED Apr 26, 2007 Secretary of State

Entity Name: MIAMI LAKES ORTHODONTIC PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business: New Principal Place of Business:** 12515 NORTH KENDALL DRIVE, SUITE 412 12515 NORTH KENDALL DRIVE, SUITE 406 MIAMI, FL 33186 MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 12515 NORTH KENDALL DRIVE, SUITE 412 12515 NORTH KENDALL DRIVE, SUITE 406 MIAMI, FL 33186 MIAMI, FL 33186 FEI Number: 20-4447582 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOBER, MELVYN S D.D.S. GOBER, MELVYN S D.D.S. 12515 NORTH KENDALL DRIVE, SUITE 412 12515 NORTH KENDALL DRIVE, SUITE 406 MIAMI, FL 33186 US MIAMI, FL 33186 US 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: 04/26/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: ( ) Delete Title: ( ) Change (X) Addition MAIN STREET CHILDREN, 'S DENT AND OR THO LLC Name: Name: Address: Address: 12515 NO. KENDALL DRIVE STE 406 City-St-Zip: City-St-Zip: MIAMI, FL 33186 Title: Title: ( ) Change (X) Addition ( ) Delete OPG EQUITY LLC, Name: Name: Address: Address: 12515 NO KENDALL DRIVE STE 406 City-St-Zip: City-St-Zip: MIAMI, FL 33186 Title: () Delete Title: ( ) Change (X) Addition WEISS, JEFFREY A DDS Name: Name: 15600 NW 67 AVENUE # 110 Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify 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: MELVYN S. GOBER MGR 04/26/2007