2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 30, 2007 8:00 am Secretary of State DOCUMENT # L06000033361 1. Entity Name 01-30-2007 90034 042 ****50.00 HOSPITAL DENTISTRY FOR THE CHILDREN, P.L. Principal Place of Business Mailing Address 2000 35TH AVENUE, SUITE 1 VERO BEACH FL 32960 2000 35TH AVENUE, SUITE 1 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEC CONSULTANTS, INC. Street Address (P.O. Box Number is Not Acceptable) BRIDGEWATER 1515 INDIAN RIVER BOULEVARD, SUITE A 210 VERO BEACH FL 32960-7103 City Zip Code FL 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 lifle if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 1000 □ Delete HIII Change Addition Frances Jeseph Dermoly Ir NAMI 2000 35th Ave & STREET ADDRESS STREET ADDRESS CHY SEZE CITY ST 70 11111 ☐ Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET LADDRESS CHY SEZIE CHY ST /IP 11111 ☐ Defete HIII Change ☐ Addition NAMI STREET ADORESS STREET ADDRESS CITE SI-78 માં દાંહ 11111 ☐ Delete THE □ Change ☐ Addition NAME NAMI STREET ADDRESS STREET LADDRESS CHY SI ZIP CHY ST-70 ☐ Delete 1000 шп Change ■ Addition NAMI NAME STREET ADDRESS STREEL LADONESS CITY ST-ZIP CHY ST ZIP 800. Delete ☐ Change TIME ☐ Addition NAME NAMI STREET ADDRESS STREET LADDRESS CHY SI-ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

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ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

FILED