

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035527

FILED
Apr 16, 2008
Secretary of State

Entity Name: DORAL ENDODONTICS, LLC

Current Principal Place of Business:

4686 NW 111 CT
DORAL, FL 33178

New Principal Place of Business:

3650 NW 82 AVENUE
303
DORAL, FL 33166

Current Mailing Address:

4686 NW 111 CT
DORAL, FL 33178

New Mailing Address:

3650 NW 82 AVENUE
303
DORAL, FL 33166

FEI Number: 20-4753220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLANO, JUAN G
4686 NW 111 CT
DORAL, FL 33178 US

Name and Address of New Registered Agent:

LLANO, JUAN G
3650 NW 82 AVENUE
303
DORAL, FL 33166 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: JUAN G LLANO

04/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JUAN G. LLANO DMD, P, A
Address: 4686 NW 111 CT
City-St-Zip: DORAL, FL 33178

Title: SECR () Delete
Name: GIL, EVELYN A SECRETA
Address: 4686 NW 111 CT
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: JUAN G. LLANO DMD, P, A
Address: 3650 NW 82 AVENUE-SUITE 303
City-St-Zip: DORAL, FL 33166

Title: SECR (X) Change () Addition
Name: GIL, EVELYN A SECRETA
Address: 3650 NW 82 AVENUE-SUITE 303
City-St-Zip: DORAL, FL 33166

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: JUAN G LLANO

PRES

04/16/2008

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