

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041772

Entity Name: SCLAR CENTER, LLC

FILED  
May 07, 2007  
Secretary of State

**Current Principal Place of Business:**

5201 OAK LANE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5201 OAK LANE  
CORAL GABLES, FL 33156

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCLAR, ANTHONY  
5201 OAK LANE  
CORAL GABLES, FL 33156    US

**Name and Address of New Registered Agent:**

SCLAR, ANTHONY G DMD  
5201 OAK LANE  
CORAL GABLES, FL 33156    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: ANTHONY SCLAR

05/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:                      DR.                      ( ) Change (X) Addition  
Name:                      ANTHONY, SCLAR G DMD  
Address:                      5201 OAK LANE  
City-St-Zip:                      CORAL GABLES, FL 33156

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: ANTHONY SCLAR

DR.

05/07/2007

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