

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042915

**FILED**  
**Mar 10, 2007**  
**Secretary of State**

**Entity Name:** NORTHWOOD DENTAL ASSOCIATES, PLLC

**Current Principal Place of Business:**

3023 EASTLAND BLVD., SUITE 112  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3023 EASTLAND BLVD., SUITE 112  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 20-4761369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASTER, JITEN J  
3023 EASTLAND BLVD., SUITE 112  
CLEARWATER, FL 33761 US

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

MASTER, JITEN J DDS  
3023 EASTLAND BLVD., SUITE 112  
CLEARWATER, FL 33761 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: JITEN J. MASTER, DDS

03/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAGAN, JILL D.M.D.  
Address: 3023 EASTLAND BLVD., SUITE 112  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: MASTER, JITEN J D.D.S.  
Address: 3023 EASTLAND BLVD., SUITE 112  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JITEN J. MASTER, DDS

MGR

03/10/2007

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