

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055643

FILED
Mar 10, 2007
Secretary of State

Entity Name: OPEN WIDE DENTISTRY, LLC

Current Principal Place of Business:

12355 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

22041 STATE ROAD 7
BOCA RATON, FL 33428

Current Mailing Address:

12355 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

22041 STATE ROAD 7
BOCA RATON, FL 33428

FEI Number: 20-4964660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEGRE, BRANDON
12355 N.W. 10TH DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ROBINS, KIM
20355 NE 34TH COURT
APT. 2029
AVENTURA, FL 33180 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: KIM ROBINS

03/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: AIM DENTISTRY PA,
Address: 22041 STATE ROAD 7
City-St-Zip: BOCA RATON, FL 33428

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: MARTIN A. ROBINS DDS

MGRM

03/10/2007

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