2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

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Entity Name: BELLEAIR DENTAL ASSOCIATES, PL

Current Principal Place of Business:

100 INDIAN ROCKS ROAD N
12
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

100 INDIAN ROCKS ROAD N
STE. 12
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

100 INDIAN ROCKS ROAD N
12
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

100 INDIAN ROCKS ROAD N
STE 12
BELLEAIR BLUFFS, FL 33770

FEI Number: 20-5090963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ
1968 BAYSHORE BOULEVARD
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: QUICK, TREVOR DMD
Address: 100 INDIAN ROCKS ROAD N
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: QUICK, TREVOR DMD
Address: 100 INDIAN ROCKS ROAD N. STE 12
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: TREVOR QUICK, DMD MGR 01/03/2008

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