

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066427

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** VIERA DENTAL LLC

**Current Principal Place of Business:**

6709 COLONNADE  
SUITE 101  
VIERA, FL 32940

**New Principal Place of Business:**

6709 COLONNADE AVE  
SUITE 101  
VIERA, FL 32940

**Current Mailing Address:**

6709 COLONNADE  
SUITE 101  
VIERA, FL 32940

**New Mailing Address:**

6709 COLONNADE AVE  
SUITE 101  
VIERA, FL 32940

**FEI Number:** 61-1512763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKS, HAROLD L JR  
6709 COLONNADE  
SUITE 101  
VIERA, FL 32940 US

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

BROOKS, HAROLD L JR  
6709 COLONNADE AVE  
SUITE 101  
VIERA, FL 32940 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:**

03/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BROOKS, HAROLD L JR  
**Address:** 6709 COLONNADE SUITE 101  
**City-St-Zip:** VIERA, FL 32940

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BROOKS, HAROLD L JR  
**Address:** 6709 COLONNADE AVE SUITE 101  
**City-St-Zip:** VIERA, FL 32940

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:** HAROLD L BROOKS

MGR

03/20/2007

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