

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073431

FILED
Jan 22, 2008
Secretary of State

Entity Name: MAP DENTAL PROPERTIES, LLC

Current Principal Place of Business:

900 GLADES ROAD, STE 1D
BOCA RATON, FL 33431

New Principal Place of Business:

2900 NORTH MILITARY TRAIL
105
BOCA RATON, FL 33431

Current Mailing Address:

900 GLADES ROAD, STE 1D
BOCA RATON, FL 33431

New Mailing Address:

2900 NORTH MILITARY TRAIL
SUITE 105
BOCA RATON, FL 33431

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POHL, MITCHELL A DDS
2900 N. MILITARY TRAIL, STE. 105
BOCA RATON, FL 33431 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: MGRM () Delete
Name: MITCHELL, PUHL
Address: 4880 NW 28TH AVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES:

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

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: MITCHELL A. POHL

DR

01/22/2008

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