

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094306

FILED
Jul 21, 2008
Secretary of State

Entity Name: 1ST CHOICE DENTAL STAFFING, L.L.C.

Current Principal Place of Business:

2218 VINTAGE STREET
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

2218 VINTAGE STREET
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 20-5605935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INCORPORATE FLORIDA, INC.
1428 BRICKELL AVENUE
PH
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

INCORPORATE FLORIDA, INC.
18001 OLD CUTLER ROAD
SUITE 600
PALMETTO BAY, FL 33157 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: JESSICA MEDINA, AS VICE PRESIDENT

07/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOCASCIO, DOMINICK
Address: 2218 VINTAGE STREET
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM () Delete
Name: LOCASCIO, KAREN
Address: 2218 VINTAGE STREET
City-St-Zip: SARASOTA, FL 34240 US

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 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: LOCASCIO, DOMINICK

MGRM

07/21/2008

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