

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098581

FILED
Apr 28, 2008
Secretary of State

Entity Name: HERSTON DENTAL SERVICES, PL

Current Principal Place of Business:

133 CREEK DRIVE S.E.
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

4161 TAMIAMI TRAIL
SUITE 803
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

133 CREEK DRIVE S.E.
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

4161 TAMIAMI TRAIL
SUITE 803
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-8388255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSTON, MELODY
133 CREEK DRIVE S.E.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

HERSTON, MELODY L DMD
133 CREEK DRIVE S.E.
PORT CHARLOTTE, FL 33952 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: MELODY L. HERSTON, DMD

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERSTON, MELODY
Address: 133 CREEK DRIVE S.E.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERSTON, MELODY L DMD
Address: 133 CREEK DRIVE S.E.
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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: MELODY L. HERSTON, DMD

MGRM

04/28/2008

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