

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113403

FILED
Apr 19, 2010
Secretary of State

Entity Name: TRIANGLE DDS MANAGEMENT, LLC

Current Principal Place of Business:

ONE SOUTH SCHOOL AVE., SUITE 1000
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH SCHOOL AVE., SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 20-5949222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, DAVID P
ONE SOUTH SCHOOL AVE., SUITE 1000
SARASOTA, FL 34237 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
Name: NICHOLS, DAVID P
Address: ONE SOUTH SCHOOL AVE., SUITE 1000
City-St-Zip: SARASOTA, FL 34237

Title: MGR
Name: MATZKIN, STEVEN R
Address: ONE SOUTH SCHOOL AVE., SUITE 1000
City-St-Zip: SARASOTA, FL 34237

Title: MGR
Name: OLAN, MITCHELL B
Address: ONE SOUTH SCHOOL AVE., SUITE 1000
City-St-Zip: SARASOTA, FL 34237

I hereby 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: DAVID P. NICHOLS

CFO

04/19/2010

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