2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025293

FILED Feb 21, 2008 Secretary of State

Entity Name: FAMILY DENTISTRY OF NORTHWEST FLORIDA, LLC.

New Principal Place of Business: Current Principal Place of Business: 110 EAST NORTH AVENUE BONIFAY, FL 32425 **Current Mailing Address: New Mailing Address:** 110 EAST NORTH AVENUE BONIFAY, FL 32425 FEI Number: 75-3235525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LUCAS N. TAYLOR, P.A 122 B. SOUTH WAÚKESHA STREET BONIFAY, FL 32425 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: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete PARKER, STANLEY M Name: Name: Address: 110 E. NORTH AVENUE Address: City-St-Zip: BONIFAY, FL 32425 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HOOPER, ERNEST M Name: Address: 110 E. NORTH AVENUE Address: City-St-Zip: BONIFAY, FL 32425 City-St-Zip: Title: () Delete Title: () Change (X) Addition PARKER, JUDY M Name: Name: 110 E. NORTH AVENUE Address: Address: City-St-Zip: City-St-Zip: BONIFAY, FL 32425

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: STANLEY M. PARKER MGR 02/21/2008