

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034359

FILED
Feb 13, 2008
Secretary of State

Entity Name: ORLANDO FAMILY DENTAL, LLC

Current Principal Place of Business:

3300 S HIAWASSEE RD
101
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

3300 S HIAWASSEE RD
101
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-3232694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTANO, RAUL
4464 WILLOW WIND CT
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

CASTANO, RAUL
9191 BALMORAL MEWS SQUARE
WINDERMERE, FL 34786 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: RAUL CASTANO

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTANO, RAUL
Address: 4464 WILLOW WIND CT
City-St-Zip: ORLANDO, FL 32835

Title: MGRM () Delete
Name: NATALIA CASTANO, PA,
Address: 3300 S HIAWASSEE RD STE 101
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTANO, RAUL
Address: 3300 SOUTH HIAWASSEE RD. SUITE 101
City-St-Zip: ORLANDO, FL 32835

Title: MGRM (X) Change () Addition
Name: NATALIA CASTANO, PA,
Address: 9191 BALMORAL MEWS SQUARE
City-St-Zip: WINDERMERE, FL 34786

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: RAUL CASTANO

MNG

02/13/2008

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