2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034771

Entity Name: GABLES FAMILY DENTAL CENTER, LLC

FILED Mar 27, 2008 Secretary of State

4150 SW 7TH STREET 103 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

7661 RALEIGH ST HOLLYWOOD, FL 33024 4150 SW 7TH STREET 103 MIAMI, FL 33126

FEI Number: 20-8756179 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:

CORREA, JACQUELINE 7661 RALEIGH STREET HOLLYWOOD, FL 33024

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 () Delete
Name: CORREA, JACQUELINE

Address: 7661 RALEIGH STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete Title: Name: Name

US

Address: City-St-Zip:

Title: MGR (X) Change () Addition

Name: CORREA, JACQUELINE Address: 10840 NW 1ST LANE City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition

Name: HERNANDEZ, ÂLEJANDRO Address: 10840 NW 1ST LANE City-St-Zip: MIAMI, FL 33172

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: JACQUELINE CORREA MGR 03/27/2008