2008 LIMITED LIABILITY COMPANY

FILED Apr 28, 2008 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L07000054155** TRIANGLE DDS (ORANGE CITY), LLC Principal Place of Business Mailing Address ONE SOUTH SCHOOL AVENUE, SUITE 1000 ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NICHOLS, DAVID P Street Address (P.O. Box Number is Not Acceptable) ONE SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME NICHOLS, DAVID P NAME STREET ADDRESS STREET ADDRESS ONE SOUTH SCHOOL AVENUE, SUITE 1000 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34237 MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition MATZKIN, STEVEN R NAME STREET ADDRESS ONE SOUTH SCHOOL AVENUE, SUITE 1000 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP MGR THE ☐ Delete TITLE ☐ Change Addition NAME OLAN, MITCHELL B NAME STREET ADDRESS ONE SOUTH SCHOOL AVENUE, SUITE 1000 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date