

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070815

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: STEIN DENTAL GROUP PL

**Current Principal Place of Business:**

12620 5TH ISLE  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

12620 5TH ISLE  
HUDSON, FL 34667 US

**New Mailing Address:**

FEI Number: 26-0506210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HYMAN, CHAIM  
12620 5TH ISLE  
HUDSON, FL 34667 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAIM HYMAN DMD PA,  
Address: 12620 5TH ISLE  
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM ( ) Delete  
Name: ABRAHAM STEIN DDS PA,  
Address: 10050 NW 44TH TERRACE # 304  
City-St-Zip: DORAL, FL 33178 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHAIM HYMAN

MGRM

07/09/2008

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