

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070815

FILED
Jan 08, 2009
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:

1327 PROVIDENCE ROAD
BRANDON, FL 33511 US

Current Mailing Address:

12620 5TH ISLE
HUDSON, FL 34667 US

New Mailing Address:

1327 PROVIDENCE ROAD
BRANDON, FL 33511 US

FEI Number: 26-0506210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGRM (X) Change () Addition
Name: ABRAHAM STEIN DDS PA,
Address: 1327 PROVIDENCE ROAD
City-St-Zip: BRANDON, FL 33511 US

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

01/08/2009

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