

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070815

**Entity Name:** STEIN DENTAL GROUP PL

**FILED**  
**Jun 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1327 PROVIDENCE ROAD  
BRANDON, FL 33511 US

**New Principal Place of Business:**

**Current Mailing Address:**

1327 PROVIDENCE ROAD  
BRANDON, FL 33511 US

**New Mailing Address:**

**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:**

HYMAN, CHAIM  
1454 LENTON ROSE COURT  
NEW PORT RICHEY, FL 34655 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: CHAIM HYMAN

06/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: ABRAHAM STEIN DDS PA  
Address: 1327 PROVIDENCE ROAD  
City-St-Zip: BRANDON, FL 33511 US

I hereby 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

06/30/2010

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