

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077050

Entity Name: PINE CASTLE DENTAL, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

5724 HANSEL AVE., SUITE 102
ORLANDO, FL 32809

New Principal Place of Business:

5510 KENMORE LANE
ORLANDO, FL 32839

Current Mailing Address:

5724 HANSEL AVE., SUITE 102
ORLANDO, FL 32809

New Mailing Address:

5510 KENMORE LANE
ORLANDO, FL 32839

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZOTT, PAUL DMD
5510 KENMORE LANE
ORLANDO, FL 32839 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: SZOTT, PAUL DMD
Address: 5724 HANSEL AVE., SUITE 102
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SZOTT, PAUL DMD
Address: 5510 KENMORE LANE
City-St-Zip: ORLANDO, FL 32839

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: PAUL SZOTT

DR

04/29/2008

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