2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L07000089532 1. Entity Name SHAUN D. GRASER, DMD, PLC FILED Jan 16, 2008 8:00 am Secretary of State 01-16-2008 90053 033 ***138.75

SHAÚN [D. GRASI	ER, DMD, PLC								
Principal Plac 321 NOKOM VENICE, FL	IIS AVE. S.	s	Mailing Address 321 NOKOMIS AVE. S. VENICE, FL 34285					:	BI B HRE HIKE H	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E08	33 (12/06)			
City & State		City & State			4. FEI Number Applied For A 6 - 1 1 3 4 3 0 Not Applied					
Ζip		Country	Ζip	Coun	try	5. Certificate	of Status Desired		5.00 Add	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
					Name					
CORBRIDGE, C. KELLEY 240 NOKOMIS AVE. SOUTH SUITE 200 VENICE, FL 34285			Street Addre		Street Address	(P.O. Box Number	er is Not Acceptable))		
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					City			FL	Zip Cod	Ð
	named entit tions of regis		r the purpose of changing its	s registere	ed office or registe	red agent, or bol	th, in the State of Flo	orida, lam fa	amiliar with,	and accer
SIGNATURE										
·	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	TE: Registered	d Agent signature required	d when reinstating)		DATE		
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^{11.} I hereby certify that the information supplied with this filing 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.