2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2008
Secretary of State

DOCUMENT# L07000090398

Entity Name: CLERMONT DENTAL SPECIALISTS, LLC

Current Principal Place of Business:

265 HATTERAS AVENUE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

265 HATTERAS AVENUE
CLERMONT, FL 34711

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE
SUITE 200
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SINOPOLI, DARREN W
265 HATTERAS AVE
SUITE 2
CLERMONT, FL 34711 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: DARREN W. SINOPOLI 06/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SOUTH LAKE DENTAL SP, ECIALISTS, LLP
Address: 265 HATTERAS AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM ( ) Delete
Name: SINOPOLI, DARREN W
Address: 265 HATTERAS AVENUE
City-St-Zip: CLERMONT, FL 34711

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: DARREN W. SINOPOLI DR 06/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date