

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099733

FILED
Mar 20, 2009
Secretary of State

Entity Name: SOUTH BROWARD CHILDREN'S DENTISTRY AND ORTHODONTIC PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-1214589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBER, MELVYN S D.D.S.
13195 SW 134TH STREET
2ND FLOOR
MIAMI, FL 33186 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: MAIN STREET CHILDREN, 'S DENT/ORTHO L LC
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: M () Delete
Name: OPG EQUITY, LLC,
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: M () Delete
Name: WEISS, JEFFREY
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: PRE (X) Change () Addition
Name: GOBER, MELVYN S DDS
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: SEC (X) Change () Addition
Name: ISLAND, GEMA DMD
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: TRE (X) Change () Addition
Name: VARGAS, JORGE DMD
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

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: MELVYN S GOBER, DDS

PRE

03/20/2009

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