

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099733

FILED
Apr 21, 2011
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:

INTERAMERICAN CORPORATE SERVICES LLC
2525 PONCE DE LEON BLVD.
SUITE 1225
CORAL GABLES, FL 33134 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: PATRICIA M. HERNANDEZ

04/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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: MELVYN S. GOBER

PRES

04/21/2011

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