

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104513

FILED
Apr 30, 2008
Secretary of State

Entity Name: PORTIFINO DENTAL INVESTMENT, LLC

Current Principal Place of Business:

12515 NORTH KENDALL DRIVE, SUITE 406
MIAMI, FL 33186

New Principal Place of Business:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

Current Mailing Address:

12515 NORTH KENDALL DRIVE, SUITE 406
MIAMI, FL 33186

New Mailing Address:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

FEI Number: 26-1248053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BILECA, MICHAEL
12515 NORTH KENDALL DRIVE, SUITE 406
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

BILECA, MICHAEL
13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: CFO () Change (X) Addition
Name: BILECA, MICHAEL S
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

MGRM

04/30/2008

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