

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113594

FILED
Feb 15, 2008
Secretary of State

Entity Name: UNIVERSITY DENTAL GROUP, P.L.

Current Principal Place of Business:

4051 NORTH DEAN ROAD
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

4051 NORTH DEAN ROAD
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 26-1423508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ
430 NORTH MILLS AVENUE
SUITE 4
ORLANDO, FL 32803 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: MGR () Delete
Name: KHALIL, JOHN P D.D.S.
Address: 4051 NORTH DEAN ROAD
City-St-Zip: ORLANDO, FL 32817 US

Title: MGR () Delete
Name: ROSELLO, MELISSA K D.M.D.
Address: 4051 NORTH DEAN ROAD
City-St-Zip: ORLANDO, FL 32817 US

Title: MGR () Delete
Name: TORRES, THERESITA I D.M.D.
Address: 4051 NORTH DEAN ROAD
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELISSA K. ROSELLO

MGR

02/15/2008

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