2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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 (X)**

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
Name: KHALIL, JOHN P D.D.S.
Address: 4051 NORTH DEAN ROAD
City-St-Zip: ORLANDO, FL 32817 US

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

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

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 Statues.

SIGNATURE: NANCY E. DURHAM OA 01/06/2012

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