

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000056324

**FILED  
Jul 07, 2011  
Secretary of State**

**Entity Name:** PYG DENTAL MANAGEMENT LLC

**Current Principal Place of Business:**

1600 N. STATE ROAD 7  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

1600 N. STATE ROAD 7  
STE 400  
LAUDERHILL, FL 33313

**New Mailing Address:**

**FEI Number:** 26-2763541      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GANGI, PETER  
1600 N. STATE ROAD 7  
STE 400  
LAUDERHILL, FL 33313 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  
**Name:** GANGI, PETER  
**Address:** 1600 N. STATE ROAD 7, STE 400  
**City-St-Zip:** LAUDERHILL, FL 33313

**Title:** MGR  
**Name:** PEREZ FLOWER, ELIZABETH  
**Address:** 1600 N. STATE ROAD 7, STE 400  
**City-St-Zip:** LAUDERHILL, FL 33313

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: PETER GANGI      MGRM      07/07/2011

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