

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105854

FILED
Mar 23, 2009
Secretary of State

Entity Name: HOMESTEAD DENTAL SPECIALTY PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

13195 S.W. 134TH STREET, 2ND FLOOR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13195 S.W. 134TH STREET, 2ND FLOOR
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-3838859

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 S.W. 134TH STREET, 2ND FLOOR
MIAMI, FL 33186 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TOWNCARE DENTAL PART, NERSHIP, INC
Address: 13195 SW 134TYH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Change (X) Addition
Name: OPG EQUITY, LLC,
Address: 13195 SW 134TH STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Change (X) Addition
Name: CHIU, GORDON DDS
Address: 13195 SW 134TH 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: MELVYNS GOBER, DDS

MGRM

03/23/2009

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