

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105860

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** HOMESTEAD DENTAL 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:** 26-3838966

**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 134TH 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: MELVYN S GOBER, DDS

MGRM

03/23/2009

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