

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113237

FILED
Apr 28, 2009
Secretary of State

Entity Name: BROWARD DENTAL SPA MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

5405 NW 102 AVE
STE 230
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5405 NW 102 AVE
STE 230
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-4093783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, FRANCIS
5405 NW 102 AVE
STE 230
SUNRISE, FL 33351 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:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: LAI, ALEX
Address: 5402 NW 102 AV
City-St-Zip: SUNRISE, FL 33351

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: FRANCIS GIL

MNGR

04/28/2009

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