## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L09000051851

Entity Name: DENTISTS NATIONAL INSURANCE GROUP, LLC

| Current Principal Place of Business:                                       | New Principal Place of Business:                                                          |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| 4010 N.W. 72ND AVENUE<br>CORAL SPRINGS, FL 33065                           | 1401 N UNIVERSITY DRIVE<br>SUITE 602<br>CORAL SPRINGS, FL 33071                           |
| Current Mailing Address:                                                   | New Mailing Address:                                                                      |
| 4010 N.W. 72ND AVENUE<br>CORAL SPRINGS, FL 33065                           | 1401 N UNIVERSITY DRIVE<br>SUITE 602<br>CORAL SPRINGS, FL 33071                           |
| FEI Number: 27-0281801 FEI Number Applied For ( ) FI                       | El Number Not Applicable () Certificate of Status Desired ()                              |
| Name and Address of Current Registered Agent:                              | Name and Address of New Registered Agent:                                                 |
| PETERMAN, MICHAEL D<br>4010 N.W. 72ND AVENUE<br>CORAL SPRINGS, FL 33065 US | PETERMAN GROUP, LLC<br>1401 N UNIVERSITY DRIVE<br>SUITE 602<br>CORAL SPRINGS, FL 33071 US |

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.

| SIGNATU                                     | RE: PATRICIA S PETERMAN                                                                         | 01/22/2010 |  |  |
|---------------------------------------------|-------------------------------------------------------------------------------------------------|------------|--|--|
|                                             | Electronic Signature of Registered Agent                                                        | Date       |  |  |
| MANAGING MEMBERS/MANAGERS:                  |                                                                                                 |            |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PRES<br>PETERMAN, MICHAEL D<br>1401 N UNIVERSITY DRIVE, SUITE 602<br>CORAL SPRINGS, FL 33071 US |            |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VPT<br>PETERMAN, PATRICIA S<br>1401 N UNIVERSITY DRIVE, SUITE 602<br>CORAL SPRINGS, FL 33071 US |            |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SEC<br>GUTMAN, MAXINE A<br>1401 N UNIVERSITY DRIVE, SUITE 602<br>CORAL SPRINGS, FL 33071 US     |            |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR<br>PETERMAN GROUP, LLC<br>1401 N UNIVERSITY DRIVE, SUITE 602<br>CORAL SPRINGS, FL 33071 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: | PATRICIA S PETERMAN                              | VPTR                   | 01/22/2010            |
|------------|--------------------------------------------------|------------------------|-----------------------|
|            | Electronic Signature of Signing Managing Member, | Manager, or Authorized | Representative / Date |

FILED Jan 22, 2010 Secretary of State