2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# L09000060803

Entity Name: DENTAL TEAM SOLUTIONS, LLC

Current Principal Place of Business:

6400 SW 42ND STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

6400 SW 42ND STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 30-0569065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOICOECHEA, ZULEIDY
6400 SW 42ND STREET
MIAMI, FL 33155 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: GOICOECHEA, ZULEIDY
Address: 6400 SW 42ND STREET
City-St-Zip: MIAMI, FL 33155

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: ZULEIDY GOICOECHEA PRES 03/15/2011

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