2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2011
Secretary of State

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Entity Name: NOBE DENTAL CARE, PLLC

Current Principal Place of Business:

227 71ST STREET
NORTH MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

227 71ST STREET
NORTH MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 80-0586189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOCHET LAW GROUP
4897 JOG ROAD
GREENACRES, FL 33401 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: CASTILLO, D.D.S., JUAN I
Address: 227 71ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33141

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: JUAN I CASTILLO MGRM 03/13/2011

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