


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 22 AM 8:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000002332
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DENTAL ARTS OF AMERICA, LLC
240 EAST NEW YORK AVENUE
DELAND FL 32724

1a. Principal Place of Business Address

240 EAST NEW YORK AVENUE
DELAND FL 32724

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified

3a. State of Formation

10/16/1998

FL

4. FEI Number

59-3852453

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

KNAPKE, BILL D.D.S.
240 EAST NEW YORK AVENUE
DELAND FL 32724

Name

188.75

Street Address (P.O. Box Number is Not Acceptable)

8.75

Suite, Apt. #, etc.

00000233273000

04/01/99 01108 022

City

**** Zip Code ****

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KNAPKE, BILL D D.D.S.	240 EAST NEW YORK AVENUE	DELAND FL
MGRM	ADAMS, REBECCA	2694 HARRY AVE.	ORLANGE FL
MGRM	WATER WORKS FAMILY T,	1520 E. WISCONSIN AVE.	ORANGE CITY FL

dec (aus)

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND CERTIFICATE OF STATE OF FLORIDA LIMITED LIABILITY COMPANY)

Set. Becky Adams

3/1/99 (904) 736-7309