2000 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L99000007708

1. Entity Name

FLORIDA DENTURE CLINIC WEST, LLC

Principal Place of Business

2. Principal Place of Business

Mailing Address

12116 COBBLESTONE DRIVE

12116 COBBLESTONE DRIVE

HUDSON FL 34667-2432

HUDSON FL 34667

3. Mailing Address

City & State

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

5. Certificate of Status Desired

\$5.00 Additional

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

Fee Required 7. Name and Address of New Registered Agent

6.: Name and Address of Current Registered Agent

A.G.C. CO.

200 S. ORANGE AVENUE, SUITE 2300

31.

ORLANDO FL 32801

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

Name

FL

Zip Code

8. 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

15 1.

9.

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MEMBERS

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

10.

mue,	MGR Delete	TITLE	MGR Martha Mahaney 12116 Cobbleston Dr.	Change	Addition
NAME	JONES, WARREN	NAME	1911/ Califforton De		
STREET ADDRESS	180 RAINTREE DRIVE	STREET ADDRESS	12116 6000123 101 011		
CITY-ST-ZIP	ORANGE CITY FL 32763	CITY-8T-ZIP	Hudson, FL 34667		
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11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #