

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 08:00 AM

Secretary of State

DOCUMENT # L99000007708

1. Entity Name
FLORIDA DENTURE CLINIC WEST, LLC

Principal Place of Business 12116 COBBLESTONE DRIVE HUDSON FL 34667	Mailing Address 12116 COBBLESTONE DRIVE HUDSON FL 34667
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-3609995**

Applied For	Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVENUE, SUITE 2300

ORLANDO FL 32801 US

7. Name and Address of New Registered Agent

Name

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

City **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 _____ DATE **01/23/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS			
TITLE	MGR	<input checked="" type="checkbox"/> Delete	
NAME	MAHANEY MARTHA		
STREET ADDRESS	12116 COBBLESTONE DR.		
CITY-ST-ZIP	HUDSON FL 34667		
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	JONES WARREN		
STREET ADDRESS	180 RAINTREE DRIVE		
CITY-ST-ZIP	ORANGE CITY FL 32763		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS / CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAHANEY MARTHA M		
STREET ADDRESS	12116 COBBLESTONE DR.		
CITY-ST-ZIP	HUDSON FL 34667		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: MARTHA MAHANEY MMM 01/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)