

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007957

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: WATERVIEW DENTAL, L.C.

**Current Principal Place of Business:**

1515 NORTH FLAGLER DRIVE, SUITE 280  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1515 NORTH FLAGLER DRIVE, SUITE 280  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-0962066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD., SUITE 1200  
WEST PALM BEACH, 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 ( ) Delete  
Name: WEXLER, DINA  
Address: 1515 NORTH FLAGLER DRIVE, SUITE 280  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: DINA WEXLER

DR

01/26/2006

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