

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007957

FILED
Jan 21, 2008
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 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

01/21/2008

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