

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007957

FILED
Jun 22, 2009
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 (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

WEXLER, DINA
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 US

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: DINA WEXLER

06/22/2009

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

06/22/2009

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