2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# M01000000311

Entity Name: CARESTREAM DENTAL LLC

Current Principal Place of Business:

150 VERONA ST
ROCHESTER, NY 14608

New Principal Place of Business:

Current Mailing Address:

150 VERONA ST
ROCHESTER, NY 14608 US

New Mailing Address:

FEI Number: 58-2596264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES
Name: ERIKSSON, JAN PATRIK
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

Title: VP
Name: FIORE, JOAN
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

Title: VP
Name: GREENSPAN, LARRY
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

Title: TRE
Name: GIACOMINI, PAULO
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

Title: SECY
Name: QUINN, JAMES M
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

Title: MGR
Name: HIRSCHLAND, RICHARD S
Address: 150 VERONA ST
City-St-Zip: ROCHESTER, NY 14608

I hereby 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 Statues.

SIGNATURE: JAMES M QUINN SECY 03/14/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date