

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002412

FILED
Apr 01, 2005
Secretary of State

Entity Name: DORAL ADMINISTRATIVE SERVICES, LLC

Current Principal Place of Business:

12121 N. CORPORATE PARKWAY
MEQUON, WI 53092

New Principal Place of Business:

Current Mailing Address:

12121 N. CORPORATE PARKWAY
MEQUON, WI 53092

New Mailing Address:

FEI Number: 39-2040882

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/MEMBERS:

Title: MGR () Delete
Name: KASTEN, CRAIG R
Address: 1017 WEST GLEN OAKS LANE, STE. 206
City-St-Zip: MAQUON, WI 53092

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DORAL DENTAL USA, LL, C
Address: 12121 NORTH CORPORATE PARKWAY
City-St-Zip: MEQUON, WI 53092

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA C. MA

MS.

04/01/2005

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