

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002412

**FILED**  
**Apr 19, 2010**  
**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:**

465 MEDFORD STREET  
BOSTON, MA 02129

**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/MANAGERS:**

Title: MGRM  
Name: DORAL DENTAL USA, LLC, GP OF DQV LP  
Address: 12121 NORTH CORPORATE PARKWAY  
City-St-Zip: MEQUON, WI 53092

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 Statutes.

SIGNATURE: MARGARET BALDWIN

SECR

04/19/2010

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