


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000002597 1. Entity Name NORTH AMERICAN DENTAL PROSTHETICS, LLC	
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Principal Place of Business 6941 N.W. 173 DRIVE APARTMENT 207 MIAMI, FL 33015	Mailing Address 6941 N.W. 173 DRIVE APARTMENT 207 MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



02222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1135029	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE. 28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

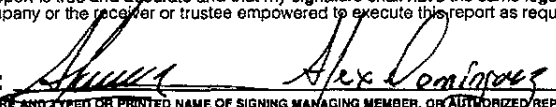
**Filing Fee is \$50.00
Due by May 1, 2004**

000000056293
02/26/04-80010-002 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOMINGUEZ, ALEJANDRO E 6941 N.W. 173 DRIVE MIAMI, FL 33015
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2/22/04** **305 512 4333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #