2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# M01000002597

Entity Name: NORTH AMERICAN DENTAL PROSTHETICS, LLC

Current Principal Place of Business:

6941 N.W. 173 DRIVE
APARTMENT 207
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6941 N.W. 173 DRIVE
APARTMENT 207
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-1135029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE. 28TH FLOOR
MIAMI, FL 33131 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: DOMINGUEZ, ALEJANDRO E
Address: 6941 N.W. 173 DRIVE
City-St-Zip: MIAMI, FL 33015

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 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: ALEJANDRO E. DOMINGUEZ MGR 03/14/2005

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