

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002597

FILED
Apr 24, 2007
Secretary of State

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/MANAGERS:

Title: MR. () Delete
Name: DOMINGUEZ, ALEJANDRO E
Address: 6941 N.W. 173 DRIVE APT. 207
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 Chapter 119, 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

MR.

04/24/2007

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