

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002753

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** DENTAQUEST SOLUTIONS, LLC

**Current Principal Place of Business:**

12121 NORTH CORPORATE PKWY  
MEQUON, WI 53092

**New Principal Place of Business:**

**Current Mailing Address:**

465 MEDFORD STREET  
BOSTON, MA 02129

**New Mailing Address:**

FEI Number: 39-2040881

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: O  
Name: POLLOCK, STEVE PRES  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129

Title: O  
Name: COLLINS, JAMES TREAS  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129

Title: O  
Name: GREEN, MYRA J SEC  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129

Title: MEMB  
Name: DENTAQUEST, LLC  
Address: 465 MEDFORD STREET  
City-St-Zip: BOSTON, MA 02129

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: MYRA J GREEN

SEC

03/12/2012

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