2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# M04000001030

Entity Name: ORAL FACIAL CONSULTING-I, LLC

Current Principal Place of Business:

507 OLEANDER DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

436 HOLIDAY DR.
HALLANDALE, FL 33009

Current Mailing Address:

507 OLEANDER DRIVE
HALLANDALE, FL 33009

New Mailing Address:

436 HOLIDAY DR.
HALLANDALE, FL 33009

FEI Number: 04-3729113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAYTON, KEVIN L DDS
507 OLEANDER DRIVE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

PAYTON, KEVIN L DDS
436 HOLIDAY DR.
HALLANDALE, FL 33009 US

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: KEVIN L. PAYTON 07/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CENTERVILLE CONSULTI, NG SERVICES, I N C.
Address: 50 SADDLE RIDGE ROAD
City-St-Zip: MILTON, MA 02186

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: JAMES W. DRESE MGR 07/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date