

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001030

FILED
Apr 18, 2007
Secretary of State

Entity Name: ORAL FACIAL CONSULTING-I, LLC

Current Principal Place of Business:

436 HOLIDAY DR.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

436 HOLIDAY DR.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 04-3729113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MGR

04/18/2007

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