

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004514

FILED
Mar 25, 2009
Secretary of State

Entity Name: DARBY DENTAL SUPPLY, LLC

Current Principal Place of Business:

300 JERICHO QUADRANGLE
JERICHO, NY 11753

New Principal Place of Business:

Current Mailing Address:

300 JERICHO QUADRANGLE
JERICHO, NY 11753

New Mailing Address:

FEI Number: 13-4338341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156 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: ASHKIN, CARL
Address: 300 JERICHO QUADRANGLE
City-St-Zip: JERICHO, NY 11753

Title: MGR () Delete
Name: CAPUTO, MICHAEL
Address: 300 JERICHO QUADRANGLE
City-St-Zip: JERICHO, NY 11753

Title: CEOP () Delete
Name: ROSENBERG, GARY
Address: 300 JEIZNO QUADRANGLE
City-St-Zip: JERICHO, NY 11753

Title: C () Delete
Name: RCIGLIANO, ANTHONY
Address: 300 JERICHO QUADRANGLE
City-St-Zip: JERICHO, NY 11753

Title: CFOS () Delete
Name: CONKLIN, JAMES T
Address: 300 JERICHO QUADRANGLE
City-St-Zip: JERICHO, NY 11753

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES T. CONKLIN

CFO

03/25/2009

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