


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M99000001281 1. Entity Name AMERICAN DENTAL CENTERS, LTD., L.L.C.	
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Principal Place of Business 2834 KIMBERLY LANE TAMPA, FL 33618 US	Mailing Address % IPS, PMB 572 666 5TH AVE., BOX 239 NEW YORK, NY 10103-0001
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01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0143312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  F & L CORP 200 LAURA STREET NORTH JACKSONVILLE, FL 32202
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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2004

1100000072588  
03/02/04-80001-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COURTNEY, ROBERT W 2834 KIMBERLY LANE TAMPA, FL 33618
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #