


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00**  
**Secretary of Stat**

<b>DOCUMENT # M99000001281</b> 1. Entity Name <b>AMERICAN DENTAL CENTERS, LTD., L.L.C.</b>	
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Principal Place of Business <b>2834 KIMBERLY LANE TAMPA, FL 33618 US</b>	Mailing Address <b>% IPS, PMB 572 666 5TH AVE., BOX 239 NEW YORK, NY 10103-0001</b>
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**DO NOT WRITE IN THIS SPACE**

01312006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>98-0143312</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>F &amp; L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COURTNEY, ROBERT W 2834 KIMBERLY LANE TAMPA, FL 33618</b>
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02/23/06-80081-024 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **28 Jan 2006 212524 3160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #