

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-24-2002 90353 043 *****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013780

1. Entity Name
RUTH PATRICIA SHIELDS, D.D.S., L.L.C.

Principal Place of Business 560 NORTH WASHINGTON BLVD. SARASOTA FL 34237	Mailing Address 560 NORTH WASHINGTON BLVD. SARASOTA FL 34237
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2. Principal Place of Business Suite, Apt. #, etc. B	3. Mailing Address Suite, Apt. #, etc. B
City & State	City & State

Zip 34236 Country	Zip 34236 Country
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4. FEI Number **65-1058032** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUTH PATRICIA, SHIELDS D.D.S.
560 NORTH WASHINGTON BLVD.
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE OWNER	<input type="checkbox"/> Delete
NAME SHIELDS, R. PATRICIA	
STREET ADDRESS 560 NORTH WASHINGTON BLVD., SUITE B	
CITY-ST-ZIP SARASOTA FL 34237	
TITLE MANAGER	<input type="checkbox"/> Delete
NAME CLIFF BRUNETTI	
STREET ADDRESS 4767 MID MARIAN LN	
CITY-ST-ZIP SARASOTA FL 34232	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS , SUITE B	
CITY-ST-ZIP 34236	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruth Patricia Shields* **RECEIVED** Date **1/18/02** 941 955-7344 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)