2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013780

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

FILED Jan 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

560 NORTH WASHINGTON BLVD.

SUITE B

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

560 NORTH WASHINGTON BLVD. SUITE B SARASOTA, FL 34236

FEI Number: 65-1058032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUTH PATRICIA, SHIELDS D.D.S. 560 NORTH WASHINGTON BLVD. SARASOTA, FL 34236 US RUTH PATRICIA, SHIELDS D.D.S. 560 NORTH WASHINGTON BLVD. SUITE B SARASOTA, FL 34236 US

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: CLIFF BRUNETTI 01/17/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 SHIELDS, R. PATRICIA
 Name:

 Address:
 560 N WASHINGTON BLVD, SUITE B
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 BRUNETTI, CLIFF
 Name:

 Address:
 3799 BOCA POINTE DR.
 Address:

 City-St-Zip:
 SARASOTA, FL 34238
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLIFF BRUNETTI MGR 01/17/2005