

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90276 021 ***150.00

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1. Entity Name
 THE FAMILY AND COSMETIC DENTISTRY CENTER OF
 THOMAS A. FELLNER, D.D.S., AND JAMIE W. ODOM,
 D.M.D.

Principal Place of Business	Mailing Address
715 SOUTH BROADWAY BARTOW, FL 33830	715 SOUTH BROADWAY BARTOW, FL 33830



01242004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2985924	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
 3500 SOUTH FLORIDA AVE., STE 3
 LAKELAND, FL 33803

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FELLNER, THOMAS A
STREET ADDRESS	715 S. BROADWAY
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	P
NAME	ODOM, JAMIE W
STREET ADDRESS	715 S. BROADWAY
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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:

Thomas A. Fellner D.D.S.
Jamie W. Odom D.M.D.

3-4-04

863-534-3165