


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90421 009 ****50.00

DOCUMENT # L02000002962					
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 715 SOUTH BROADWAY BARTOW, FL 33830			Mailing Address 715 SOUTH BROADWAY BARTOW, FL 33830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2985924	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRISON, JOSEPH A 3500 SOUTH FLORIDA AVE., STE 3 LAKELAND, FL 33803			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FELLNER, THOMAS A	NAME			
STREET ADDRESS	715 S. BROADWAY	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ODOM, JAMIE W	NAME			
STREET ADDRESS	715 S. BROADWAY	STREET ADDRESS			
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Thomas A. Fellner</i>		Thomas A. Fellner D.D.S.		2-24-06 863-533-2183	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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