

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002962

FILED
Jan 28, 2008
Secretary of State

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

Current Principal Place of Business:

715 SOUTH BROADWAY
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

715 SOUTH BROADWAY
BARTOW, FL 33830

New Mailing Address:

FEI Number: 75-2985924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FELLNER, THOMAS A
Address: 715 S. BROADWAY
City-St-Zip: BARTOW, FL 33830

Title: P () Delete
Name: ODOM, JAMIE W
Address: 715 S. BROADWAY
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRACEY FELLNER

MRS

01/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date