

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90057 048 ****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 Mailing Address
715 SOUTH BROADWAY 715 SOUTH BROADWAY
BARTOW FL 33830 BARTOW FL 33830

20022001



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-2985924		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		Zip		Country	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER THOMAS A. FELLNER 715 S. BROADWAY BARTOW, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER JAMIE W. ODOM 715 S. BROADWAY BARTOW, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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* DD ✓ 1-30-03 813-533-2185
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) (Date) (Daytime Phone #)