


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90077 001 ****18.34
06-25-2004 90077 002 ****18.33
06-25-2004 90077 003 ****18.33


DOCUMENT # L02000013346
1. Entity Name
DENTAL PRACTICE MANAGEMENT, LLC



Principal Place of Business Mailing Address
15 SARANAC RD **15 SARANAC RD**
SEA RANCH LAKES, FL 33308 **SEA RANCH LAKES, FL 33308**

34008930

DO NOT WRITE IN THIS SPACE



06212004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 73-1643763	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUCKEY, STEVEN D
15 SARANAC RD
SEA RANCH LAKES, FL 33308

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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: *Steven D Mucky* DATE: 6/24/04

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUCKEY, STEVEN D 15 SARANAC RD SEA RANCH LAKES, FL 33308
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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: *Steven D Mucky* DATE: 6/24/04 DAYTIME PHONE: 954-650-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #