
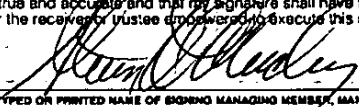


FILED
Feb 28, 2005 8:00 am
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

02-28-2005 90055 001 ****12.50
 02-28-2005 90055 002 ****12.50
 02-28-2005 90055 003 ****12.50
 02-28-2005 90055 004 ****12.50

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DOCUMENT # L02000013346			
1. Entity Name DENTAL PRACTICE MANAGEMENT, LLC			
Principal Place of Business 15 SARANAC RD SEA RANCH LAKES, FL 33308		Mailing Address 15 SARANAC RD SEA RANCH LAKES, FL 33308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUCKEY, STEVEN D 15 SARANAC RD SEA RANCH LAKES, FL 33308		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 _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUCKEY, STEVEN D 15 SARANAC RD SEA RANCH LAKES, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, trustee or power of attorney, execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		2/20/05 954-650-1122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Time Phone #	



01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number **73-1643763** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required