

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045474

FILED
Jul 31, 2008
Secretary of State

Entity Name: STEVEN R. FREEMAN, DDS, PL

Current Principal Place of Business:

5955 PAVILION DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

319 WEST TOWN PLACE
SUITE 21
ST. AUGUSTINE, FL 32092

Current Mailing Address:

5955 PAVILION DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

319 WEST TOWN PLACE
SUITE 21
ST. AUGUSTINE, FL 32092

FEI Number: 20-8935457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ.
1968 BAYSHORE BLVD.
DUNEDIN, FL 34698 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: MGR () Delete
Name: FREEMAN, STEVEN R DDS PL
Address: 5955 PAVILION DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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: STEVEN R. FREEMAN, DDS

MGR

07/31/2008

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