

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 PM 12:22

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L95000001002

DENTAL PRACTICE OF EDGEWATER, L.C.
C/O JOHN DAVID
2680 SUNSET DR
NEW SMYRNA BEACH FL 32168

003/10
1a. Principal Place of Business Address

C/O JOHN DAVID
2680 SUNSET DR
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

201 So. Ridgewood
Suite, Apt. #, etc.

2a. Mailing Address

see above
Suite, Apt. #, etc.

3. Date Organized or Qualified

12/28/1995

3a. State of Formation

FL

City & State

Edgewater, FL

City & State

Zip

32132

Country

USA

Zip

Country

4. FEI Number
59-3360271
APPLIED FOR

☐ Applied For

☐ Not Applicable

5. Date of Last Report

04/14/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

DAVID, JOHN
2680 SUNSET DR
NEW SMYRNA BEACH FL 32168

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Ana Brightleaf

DATE

2/25/98

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BRIGHTLEAF, ANA	2680 SUNSET DRIVE	NEW SMYRNA BEACH FL
MEM	DAVID, JOHN	2680 SUNSET DRIVE	NEW SMYRNA BEACH FL

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Ana Brightleaf

3/5/98

Date

904 486 1818

Daytime Phone #