

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L00000013711**

**1. Entity Name**  
DAVID I. ZELIN, D.M.D., L.L.C.



**Principal Place of Business**  
4951 B EAST ADAMO DRIVE, SUITE 222  
STE 222  
TAMPA, FL 33605

**Mailing Address**  
4951 B EAST ADAMO DRIVE, SUITE 222  
STE 222  
TAMPA, FL 33605



03042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3682988

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ZELIN, DAVID I D.M.D.  
4951 B EAST ADAMO DRIVE, SUITE 222  
TAMPA, FL 33605

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2006**

11000000509022  
04/28/06-80026-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGR
<b>NAME</b>	ZELIN, DAVID I D.M.D.
<b>STREET ADDRESS</b>	4951 B EAST ADAMO DRIVE, SUITE 222
<b>CITY-ST-ZIP</b>	TAMPA, FL 33605

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

David I. Zelin, D.M.D., L.L.C.

04/10/06 (813)247-6119