

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004798

**FILED**  
**Jan 13, 2007**  
**Secretary of State**

**Entity Name:** COLLIER ORAL SURGERY AND IMPLANT CENTER, PLLC

**Current Principal Place of Business:**

1890 S.W. PROFESSIONAL HEALTH PARK  
STE. 102  
NAPLES, FL 34109

**New Principal Place of Business:**

1890 S.W. HEALTH PARKWAY  
STE. 102  
NAPLES, FL 34109

**Current Mailing Address:**

1890 S.W. PROFESSIONAL HEALTH PARK  
STE. 102  
NAPLES, FL 34109

**New Mailing Address:**

1890 S.W. HEALTH PARKWAY  
STE. 102  
NAPLES, FL 34109

**FEI Number:** 52-2307329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOE, SEIN  
1890 SW HEALTH PKWY  
SUITE 102  
NAPLES, FL 34109 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: MOE, DR SEIN  
Address: 6683 MANGROVE WAY  
City-St-Zip: NAPLES, FL 34109

**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 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: SEIN MOE

MGR

01/13/2007

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