

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90118 047 ****50.00

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01272005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000005648 1. Entity Name ATLANTIC PERIODONTICS, P.L.					
Principal Place of Business 312 RIVER BLUFF DRIVE ORMOND BEACH, FL 32174			Mailing Address 312 RIVER BLUFF DRIVE ORMOND BEACH, FL 32174		
2. Principal Place of Business 840 Dunlawton Ave Suite, Apt. #, etc. Ste D-2		3. Mailing Address Same Suite, Apt. #, etc.		4. FEI Number 59-3714320 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State Port Orange, FL		City & State			
Zip 32127		Zip			
Country		Country			
6. Name and Address of Current Registered Agent HERMANN, DONALD W D.D.S. 312 RIVER BLUFF DRIVE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent 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	MGRM HERMANN, DONALD W 312 RIVER BLUFF DRIVE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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)(i), 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: <u>Donald W Hermann Dds</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3-24-05 (386) 767-3380 <small>Date Daytime Phone #</small>			