

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**20025063**



<b>DOCUMENT # L01000005648</b>					
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.		01272005 Chg-LLC CR2E083 (10/03)	
City & State Port Orange, FL		City & State		4. FEI Number 59-3714320	
Zip 32127		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMANN, DONALD W		NAME		
STREET ADDRESS	312 RIVER BLUFF DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>			Date: <u>3-24-05</u> (386) 767-3380		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		