

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000014967**

1. Entity Name  
**ORTHODONTIC OPTIONS P.L.**



Principal Place of Business  
**3457 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**

Mailing Address  
**3457 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3755438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**FRANK, CHARLES A DMD  
3457 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**

**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, 2005**

U000000182433  
01/19/05-80027-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FRANK, CHARLES A  
3457 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:** Charles A Frank  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10 Jan 05 904 398 6461