

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021981

1. Entity Name
DONALD D. STODDARD, M.D., LLC



Principal Place of Business
270 HUMMINGBIRD LANE
LONGWOOD, FL 32779

Mailing Address
P.O. BOX 3060
C/O SCEARCE, SATCHER & JUNG P.A.
WINTER PARK, FL 32790-3060



01172005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3850206

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STODDARD, DONALD D M.D.
270 HUMMINGBIRD LANE
LONGWOOD, FL 32779

**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 re-stating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STODDARD, DONALD DMD
270 HUMMINGBIRD LANE
LONGWOOD, FL 32779

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

1100000208388

02/01/05-80084-009 50.00

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #

1-27-5

321-
277-5990