

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022563

1. Entity Name
CLEARWATER DENTAL ASSOCIATES, PL



Principal Place of Business
**2226 DRUID ROAD EAST
CLEARWATER, FL 33764**

Mailing Address
**2226 DRUID ROAD EAST
CLEARWATER, FL 33764**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-2981551

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, NOLAN W
2226 DRUID ROAD EAST
CLEARWATER, FL 33764**

**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, 2004**

RECEIVED
04 APR 2004 05:00 PM \$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ALLEN, NOLAN W
9159 JAKES PATH
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BASSETT, DAVID C
1303 NORWOOD AVE.
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BIVENS, PAUL W
1614 HUNTINGTON PLACE
SAFETY HARBOR, FL 34695**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #