2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L01000022682

Entity Name: PERIODONTAL ASSOCIATES OF SOUTHWEST FLORIDA, P.L.

Current Principal Place of Business:

35 BARKLEY CIRCLE #1
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

35 BARKLEY CIRCLE #1
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0541437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DERAGON, CYNTHIA L D.M.D.
35 BARKLEY CIRCLE #1
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

HENDERSEN, FRANKLIN, STARNES, & HOLT, P.A.
1715 MONROE STREET
FT. MYERS, FL 33901 US

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.

SIGNATURE: GUY E. WHITESMAN 04/28/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DERAGON, CYNTHIA L D.M.D.
Address: 35 BARKLEY CIRCLE #1
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CYNTHIA L. DERAGON, D.M.D. MGRM 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date