

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 25, 2004 8:00 am
Secretary of State

DOCUMENT # L02000013346

1. Entity Name
DENTAL PRACTICE MANAGEMENT, LLC



Principal Place of Business
**15 SARANAC RD
SEA RANCH LAKES, FL 33308**

Mailing Address
**15 SARANAC RD
SEA RANCH LAKES, FL 33308**

06-25-2004 90077 001 ****18.34
06-25-2004 90077 002 ****18.33
06-25-2004 90077 003 ****18.33

34008930



DO NOT WRITE IN THIS SPACE

06212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
73-1643763

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MUCKEY, STEVEN D
15 SARANAC RD
SEA RANCH LAKES, FL 33308**

**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 *Steven D Mucky*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

06/24/04
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MUCKEY, STEVEN D
15 SARANAC RD
SEA RANCH LAKES, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Steven D Mucky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

06/24/04 954-650-1122
Date Daytime Phone #