

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000020800 1. Entity Name CHRISTIE DENTAL OF MERRITT ISLAND, LLC	
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Principal Place of Business 775 E. MERRITT ISLAND CAUSEWAY STE 220 MERRITT ISLAND, FL 32952	Mailing Address 775 E. MERRITT ISLAND CAUSEWAY STE 220 MERRITT ISLAND, FL 32952
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04262004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0466571	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COLEMAN, CHRISTOPHER J ESQ 1329 BEDFORD DRIVE, STE 1 MELBOURNE, FL 32940
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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 reappointing) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000136133
04/28/04-80081-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM CHRISTIE, TODD E 195 ALAMEDA DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MORRIS, TIMOTHY J 775 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM KALRA, ANJAY N 775 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952
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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: Todd E. Christie 4/27/04 321-454-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Blawie way Partner