2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020803

1. Entity Name

CHRISTIE DENTAL OF PALM BAY, LLC



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90608 036 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	CHRISTI	E DENIAL OF PALM BAT, LL	.		
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COLEMAN, CHRISTOPHER J ESQ 1294 Stroet Address of Number is Not Acceptable) CIDENAN, CHRISTOPHER J ESQ 1298 SEPORD DRIVE, STE 1 MELBOURNE FL 32940 8. The above named entity submits ins statement for the purpose of changing list registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and use accidate. SIGNATURE Signate, typied is primed removed registered use accidate. Office Registered office or registered agent involves a control of registered agent involves accept agent and use accidate. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANACERS ON'S 1-29 MERRITT ISLAND FL 32952 MERRIT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRIT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRIT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRIT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRIT ISLAND FL 32952 MERRITT ISLAND FL 32952 MERRITT ISLAND FL	City & Sta	te	City & State		4. FEI Number Applied For
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Name Street Address (P.O. Box Number is Not Acceptable)	<u> </u>	6. Name and Address of Current	Registered Agent		Fee Required
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		ertify that the information synalized with	this filling does not qualify for the		Section 140 07/OV) Flacida Chalana II III III III III III III III III I

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

31140

Daytime Phone #