2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000020805

1. Entity Name
CHRISTIE DENTAL OF WEST MELBOURNE, LLC

Principal Place of Business	Mailing Address
3150 NORTH WICKHAM ROAD SUITE 7 MELBOURNE, FL 32935	3150 NORTH WICKHAM ROAD SUITE 7 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

04262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0807804
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQ
1329 BEDFORD DRIVE, STE. 1
MELBOUREN, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000136131
04/28/04-80081-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHRISTIE, TODD E
STREET ADDRESS	195 ALAMEDA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	MORRIS, TIMOTHY J
STREET ADDRESS	775 E. MERRITT ISLAND CAUSEWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGRM
NAME	KALRA, ANJAY N
STREET ADDRESS	775 E. MERRITT ISLAND CAUSEWAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4/27/04 321-454-4594 Ext 203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

MANAGING PARTNER