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Secretary of State

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04-16-2003 90040 029 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020805

1. Entity Name
CHRISTIE DENTAL OF WEST MELBOURNE, LLC

44003313

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc. Suite 7	Suite, Apt #, etc. Suite 7
City & State Melbourne, FL	City & State Melbourne, FL
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 55-080704 ☐ Applied For ☐ Not Applicable

55-0807804

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, CHRISTOPHER J ESQ 1329 BEDFORD DRIVE, STE. 1 MELBOUREN, FL 32940	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIE, TODD E 106 ALAMEDA DRIVE MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, TIMOTHY J 776 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALRA, ANJAY N 776 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: ______ 4/10/03
Date