2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# L02000028045

Entity Name: DAVID W. MAXWELL, D.M.D., P.L.

Current Principal Place of Business:

4 PEARL DRIVE
SUITE 3
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 PEARL DRIVE
SUITE 3
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 04-3721044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GULECAS, JAMES F
2555 ENTERPRISE ROAD, SUITE 15
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

LUCAS, JAY W CPA
1028 N. U.S. HWY. 1
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: JAY W. LUCAS 04/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MAXWELL, DAVID W D.M.D.
Address: 6 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MAXWELL, LORI J MRS.
Address: 6 RIVER RIDGE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LORI J. MAXWELL MRS. 04/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date