

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032187

FILED
Sep 01, 2005
Secretary of State

Entity Name: FAMILY DENTAL CARE AND ORTHODONTICS, LLC

Current Principal Place of Business:

1325 N.E. 42ND STREET
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

1325 N.E. 42ND STREET
OCALA, FL 34479

New Mailing Address:

FEI Number: 06-1664667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, DAVID
959 N.W. 155TH STREET
CITRA, FL 32113 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HOWARD, DAVID R
Address: 959 NW 155TH ST.
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES:

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

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: DAVID R. HOWARD

PRES

09/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date