


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002889
 1. Entity Name
 RANDALL T. HEDRICK, DDS, PLC



Principal Place of Business 4957 38TH AVE. N., SUITE F ST. PETERSBURG, FL 33710	Mailing Address 4957 38TH AVE. N., SUITE F ST. PETERSBURG, FL 33710
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02162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0555393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CALLAHAN, JACK M
 451 CENTRAL PARK DR
 LARGO, FL 33771

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEDRICK, RANDALL T 4957 38TH AVE N., SUITE F ST PETERSBURG, FL 33710
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 03/02/05-80056-008 50.00

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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: *Randall T Hedrick* 2/25/05 727-521-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #