

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90029 031 ****50.00

| | |
|--|---|
| DOCUMENT # L03000002889 1. Entity Name RANDALL T. HEDRICK, DDS, PLC |  |
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| 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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| 2. Principal Place of Business Suite, Apt., #, etc. <i>Suite E</i> | 3. Mailing Address Suite, Apt., #, etc. <i>Suite E</i> | 01172006 Chg-LLC CR2E083 (11/05) |
| City & State | City & State | 4. FEI Number 05-0555393 |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

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|--|--|
| 6. Name and Address of Current Registered Agent CALLAHAN, JACK M 451 CENTRAL PARK DR LARGO, FL 33771 | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|--------------------------------------|---------------------------------|-----------------------|----------------|--|
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEDRICK, RANDALL T | | NAME | <i>Suite E</i> | |
| STREET ADDRESS | 4957 38TH AVE N., SUITE F | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33710 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 DDS* *4/27/06* *727-54-2285*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #