


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009755		
1. Entity Name GULF COAST DENTAL, LLC		
Principal Place of Business 4566 HIGHWAY 20 EAST SUITE 108 NICEVILLE, FL 33578		Mailing Address 4566 HIGHWAY 20 EAST SUITE 108 NICEVILLE, FL 33578
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROBINETTE, STEVEN G 4566 HIGHWAY 20 EAST SUITE 108 NICEVILLE, FL 33578		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		000000279487 03/28/05-80065-020 50.00
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINETTE, STEVEN G 611 NELSON PT. NICEVILLE, FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Steven G. Robinette</u> Steven G. Robinette 3-73-05 897-9600		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>