FILED
May 13, 2004 8:00 am
Secretary of State
04-28-2004 90077 011 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017011

1. Entity Name
CHRISTIE DENTAL OF SUNTREE, LLC

Principal Place of Business	Mailing Address
775 E. MERRIT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952	775 E. MERRIT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952

34006027

04262004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6300 N. Wickham Rd	
Suite, Apt. #, etc. Suite 121	Suite, Apt. #, etc.
City & State Melbourne, FL	City & State
Zip: 32940 Country: USA	Zip / Country

4. FEI Number 20-0621852 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, CHRISTOPHER J ESQ. 1329 BEDFORD DRIVE SUITE 1 MELBOURNE, FL 32940	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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: MGMR NAME: CHRISTIE, TODD E STREET ADDRESS: 195 Alameda Dr CITY-ST-ZIP: Merritt Island, FL 32952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: Todd E. Christie — TODD E. CHRISTIE — 4/27/04 — 321-454-4596 ext 203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Managing Partner