
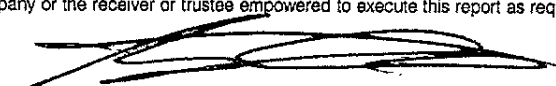


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000017639 1. Entity Name SIDNEY C. ROSENTHAL, D.M.D., M.S.D., PLLC		
Principal Place of Business 4300 BAYOU BLVD SUITE 11 PENSACOLA, FL 32503	Mailing Address 4300 BAYOU BLVD SUITE 11 PENSACOLA, FL 32503	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSENTHAL, SIDNEY C DMD 4300 BAYOU BLVD SUITE 11 PENSACOLA, FL 32503		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 reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENTHAL, SIDNEY C DMD 4300 BAYOU BLVD., STE. 11 PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		4/12/06 850-474-8800 Date Daytime Phone #



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4254653

Applied For
Not Applicable

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

1100000509634
04/28/06-80052-016 50.00

**DO NOT WRITE
IN THIS SPACE**