

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023495

1. Entity Name
ROBERT S. MURRELL, D.M.D. & STEPHEN M. SILVERS,
D.M.D., PLLC



Principal Place of Business

1286 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

Mailing Address

1286 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE



01082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0061834

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRELL, ROBERT S D.M.D.
1286 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

**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

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, 2005**

000000180743
01/14/05-80017-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MURRELL, ROBERT S D.M.D.
STREET ADDRESS	1286 TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	SILVERS, STEPHEN M D.M.D.
STREET ADDRESS	1286 TIMBERLANE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

Robert Murrell

1/13/05

893-0711