

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90091 050 ****50.00

DOCUMENT # L03000038280

1. Entity Name
DPMD, LLC



Principal Place of Business
12800 UNIVERSITY DR., STE. 400
FT. MYERS, FL 33907

Mailing Address
12800 UNIVERSITY DR., STE. 400
FT. MYERS, FL 33907

20027554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252005

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-0747482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALLAHAN, W. SCOTT
C/O STUMP, STOREY, CALLAHAN & DIETRICH, PA
37 N. ORANGE AVE., STE. 200
ORLANDO, FL 32801

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CORDELLO, DOUGLAS J
STREET ADDRESS 12800 UNIVERSITY DR., STE. 400
CITY - ST - ZIP FT. MYERS, FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME ROSEN, MICHAEL E
STREET ADDRESS 12800 UNIVERSITY DR., STE. 400
CITY - ST - ZIP FT. MYERS, FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME CAGLIANONE, DERRICK
STREET ADDRESS 514 N.E. 13TH ST.
CITY - ST - ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Doug Cordello

4.4.05

239.415.6238

Date

Daytime Phone #