2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-03-2004 90050 011 ****50.00

34000314

DOCUMENT # L03000041724

1. Entity Name
FLIGHT STREAM, L.L.C.

Principal Place of Business	Mailing Address
C/O DENTAL CARE ALLIANCE, L.L.C. 1 SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237	C/O DENTAL CARE ALLIANCE, L.L.C. 1 SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 20-0347868 ☐ 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
NICHOLS, DAVID P C/O DENTAL CARE ALLIANCE, L.L.C. 1 SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MATZKIN, STEVEN R 1 SOUTH SCHOOL AVENUE, SUITE 1000 SARASOTA, FL 34237 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: S R Matzkin 1/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

attachment
340000314

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 5, 2004

FLIGHT STREAM, L.L.C.
C/O DENTAL CARE ALLIANCE, L.L.C.
1 SOUTH SCHOOL AVENUE, SUITE 1000
SARASOTA, FL 34237

Subject: **FLIGHT STREAM, L.L.C.**

Reference Number: **L03000041724**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc
ANNUAL REPORTS SECTION