

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000031808

1. Entity Name  
PARTNERS DENTAL MARKETING, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -6 AM 9:00

Principal Place of Business  
2502 ROCKY POINT DRIVE STE. 100  
TAMPA, FL 33607

Mailing Address  
2502 ROCKY POINT DRIVE STE. 100  
TAMPA, FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

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

HENDEE, BRETT ESQ  
1700 SOUTH MACDILL AVENUE STE. 200  
TAMPA, FL 33629

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 reappointing)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR.  
DIASTI MANAGEMENT, INC  
2502 Rocky Point Dr, Suite 1000  
Tampa, FL 33607

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
04/27/05 - 90019 - 046 - \$50.00

☐ Change

☐ Addition

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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:

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

Date

Daytime Phone #

Torek Diasti, Pres

4/22/05

(813)

288-1999