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Secretary of State
03-28-2005 90291 048 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/28/2

DOCUMENT # L04000060334

1. Entity Name
PROSTETIX, LLC

30004037

Principal Place of Business	Mailing Address
5388 E CO HWY 30A #1 SEAGROVE, FL 32459	5388 E CO HWY 30A #1 SEAGROVE, FL 32459

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

FEI Number: 20-2687775
Applied For / Not Applicable
4. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEK-SCOTT, MONIKA
30 SAN ROY RD.
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

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 [redacted] DATE

Filing Fee is $400.00
Due by May 1, 2005

[redacted]

9. MGR
BEK-SCOTT, MONIKA
5388 E CO HWY 30A, BOX 113
SANTA ROSA BEACH, FL 32459

10. Add/Change/Delete

99. 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 605, Florida Statutes.

SIGNATURE: Monika Bek-Scott 3-25-05

ATTACHMENT
3000437
#204000060334

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-2687775 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
PROSTETIX LLC

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 5399 E CO HIGHWAY 30 A	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code SEAGROVE BEACH FL 32459	5b City, state, and ZIP code
6* County and state where principal business is located County WALTON State FL	
7a Name of principal officer, general partner, grantor, owner, or trustor MONIKA BEK-SCOTT	7b SSN, ITIN, EIN 478-98-3900

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ SINGLE MEMEBER LLC
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ MANUFACTOR DENTAL AP
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year) JUL 1 2004	11 Closing month of accounting year DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter '-0-'* ▶	Agriculture 0	Household 0	Other 0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Real estate
- ☐ Rental & leasing
- ☑ Manufacturing
- ☐ Transportation & warehousing
- ☐ Finance & insurance
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Retail
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
DENTAL APPLIANCES

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes" please complete lines 16b and 16c

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee — Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name JANET HAZEN CPA	Designee's telephone number (include area code) (850) 832 - 6552
Address and ZIP code 5437 STAR AVE PANAMA CITY FL 32404	Designee's fax number (include area code) (850) 784 - 0291

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Applicant's telephone number (include area code)