## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062768

Entity Name: REBECCA K. PITTS, D.M.D., P.L.C.

FILED Jan 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3300 W. LAKE MARY BLVD. SUITE 250 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

5272 SHORELINE CIRCLE LAKE FOREST, FL 32771

FEI Number: 20-1537470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PITTS, REBECCA K DMD
5272 SHORELINE CIRCLE
LAKE FOREST, FL 32771 US
PITTS, REBECCA K DMD
5272 SHORELINE CIRCLE
LAKE FOREST, FL 32771 US

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.

SIGNATURE: REBECCA PITTS 01/14/2007

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

**PRES** Title: () Delete (X) Change ( ) Addition PITTS, REBECCA PITTS, REBECCA K DMD Name: Name: Address: 5272 SHORELINE CIRCLE Address: 5272 SHORELINE CIRCLE City-St-Zip: LAKE FOREST, FL 32771 City-St-Zip: LAKE FOREST, FL 32771

 Title:
 ( ) Delete
 Title:
 VICE ( ) Change (X) Addition

 Name:
 Name:
 PITTS, HOWARD C VICE PR

 Address:
 Address:
 5272 SHORELINE CIRCLE

 City-St-Zip:
 City-St-Zip:
 LAKE FOREST, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REBECCA PITTS PRES 01/14/2007