

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED

06 APR 11 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*gsc*



03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1774897 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000065188

1. Entity Name  
DENTAL CENTER FOR SNORING AND SLEEP  
BREATHING, L.L.C.



Principal Place of Business Mailing Address  
4512 NORTH FLAGLER DRIVE 4512 NORTH FLAGLER DRIVE  
SUITE 301 SUITE 301  
WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407

2. Principal Place of Business 2541 Metrocentre Blvd.  
3. Mailing Address 2541 Metrocentre Blvd.

Suite, Apt. #, etc. Suite 3 Suite, Apt. #, etc. Suite 3

City & State West Palm Beach, FL. City & State West Palm Beach, FL.

Zip 33407 Country USA Zip 33407 Country USA.

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PHILLIPS, DOUGLAS  
4512 NORTH FLAGLER DRIVE  
SUITE 301  
WEST PALM BEACH, FL 33407  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2541 Metrocentre Blvd.  
Suite 3  
City West Palm Beach. FL Zip Code 33407

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]* *[Signature]* 4-3-06  
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, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DOUGLAS		NAME		
STREET ADDRESS	4512 NORTH FLAGLER DRIVE, SUITE 301		STREET ADDRESS	2541 Metrocentre Blvd. Suite 3.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* 4-3-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #