

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078569

FILED  
Jul 13, 2006  
Secretary of State

**Entity Name:** ORTHODONTICS MEDICAL AND PROFESIONAL, LLC

**Current Principal Place of Business:**

851 WEST STATE ROAD 436  
SUITE 1021  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

14055 SOUTH TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837

**Current Mailing Address:**

851 WEST STATE ROAD 436  
SUITE 1021  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

14055 SOUTH TOWN LOOP BLVD  
SUITE 100  
ORLANDO, FL 32837

FEI Number: 20-1810255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DEJESUS, MARITZA  
610 LITTLE EAGLE CT  
CASSELBERRY, FL 32707      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DEJESUS, MARITZA  
Address: 610 LITTLE EAGLE CT  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RALPH CABAN

M

07/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date