


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90135 007 \*\*\*\*50.00

**DOCUMENT # L04000081936**

1. Entity Name  
**PAYNE AND PAYNE DENTISTRY, LLC**



Principal Place of Business <b>3015 JEFFERSON STREET          SUITE D          MARIANNA, FL 32446 US</b>	Mailing Address <b>3015 JEFFERSON STREET          SUITE D          MARIANNA, FL 32446 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**PAYNE, ROBERT W DDS  
 3015 JEFFERSON STREET  
 SUITE D  
 MARIANNA, FL 32446**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT WALTER PAYNE, DDS, P.A. 3015 JEFFERSON STREET, SUITE D MARIANNA, FL 32446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTHEW R. PAYNE, D.M.D., P.A. 3015 JEFFERSON STREET, SUITE D MARIANNA, FL 32446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Robert W Payne DDS* **Robert W. Payne, DDS** *Managing Member* **1.16.06** **880-526-2544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #