

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089281

FILED
Jul 06, 2005
Secretary of State

Entity Name: IMAGINE ORTHODONTICS OF FLORIDA, PLLC

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2132512 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:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. () Change (X) Addition
Name: LAZZARA, GASPER
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 28
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GASPER LAZZARA

DR.

07/06/2005

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