FILED Mar 07, 2005 8:00 am Secretary of State 02-07-2005 90284 023 ****50.00

DOCUMENT # L04000090110 1. Entity Name NITIN SALLAPUDI, DDS, MSD, LLC										
Principal Place of Business			Mailing Address				1	30001	D 1 #	
140 INDIAN AVENUE VENICE, FL. 34285			140 INDIAN AVENUE VENICE, FL 34285				•	0.0.101		
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01242005		R2E083 (10/0	<u> </u>	
City & State			City & State			4. FEI Num # 20	-1999383	· -	Applied For Not Applicable	
Zip	Country		Zip Coun		stry	5. Certifica	te of Status Desired	\$5.00 Fee Requ	Additional ulred	
6. Name and Address of Current					7. Name ar	7. Name and Address of New Registered Agent				
BECHTOLD, DANIEL A					Name - `		مه المحمد مقالين وله استعمل و المنظم و المنظم المنظ			
240 S. NOKOMIS AVENUE, SUITE 200 VENICE, IFL 34285			Street Address			ess (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
					City	E			ode	
					<u> </u>	<u>.</u>		FL		
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, typed or privided name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
→- Filing Fee is \$50.00 Due by May 1, 2005							Make check psyable to - · · Florida Department of State			
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHAI	VGES		
TITLE ;	MGR		☐ Delete	tin_	1			☐ Chan	ge Addition	
NAME STREET ADDRESS		JDI, NITIN DDS AN'AVENUE		NAM STR	EET ADDRESS	•	•			
CITY-ST-ZIP		FL 34285			-ST-ZIP					
TITLE			☐ Delets	tm	E			Chan	ge 🔲 Addition	
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NAME			C Date	MAN						
STREET ADDRESS					ET ADDRESS			•		
CITY-ST-ZIP				_	-ST-28P					
TITLE NAME	1		Odeta	TITL NAM	1			Chan	ge 🔲 Addition	
STREET ADDRESS	Ī			STR	EET ADDRESS					
CITY-ST-ZIP			·		-S1-ZIP					
11. I hereby certify that the information supplied with this tiling does not qualify 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 signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the report of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
1/20/05 94/-40-2.										
SIGNATURE: SIGNATURE AND TYPED DR. PROTTED HANDLOK SIGNING MANAGER, MANAGER, OR AUTHORISED REPRESENTATIVE DISC DEVETTE PROTES OF										