2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

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Entity Name: JACK A. DAVIDSON, D.D.S., M.D., PLLC

Current Principal Place of Business:

P.O. BOX 2650
BRANDON, FL 33509

New Principal Place of Business:

929 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511

Current Mailing Address:

P.O. BOX 2650
BRANDON, FL 33509

New Mailing Address:

929 EAST BLOOMINGDALE AVENUE
BRANDON, FL 33511

FEI Number: 36-4570822 **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:

LAMBERT, JUDITH S
669A WEST LUMSDEN ROAD
BRANDON, FL 33511 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: MGR ( ) Delete
Name: DAVIDSON, JACK A DDS, MD
Address: P.O. BOX 2650
City-St-Zip: BRANDON, FL 33509

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAVIDSON, JACK A DDS, MD
Address: 929 EAST BLOOMINGDALE AVENUE
City-St-Zip: BRANDON, FL 33511

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: JACK A. DAVIDSON, DDS, MD MGR 07/06/2006

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