


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000022899</b>	
1. Entity Name JACK A. DAVIDSON, D.D.S., M.D., PLLC	

Principal Place of Business 929 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511	Mailing Address 929 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE



02112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 36-4570822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAMBERT, JUDITH S  
669A WEST LUMSDEN ROAD  
BRANDON, FL 33511

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

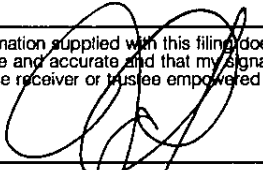
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, JACK A DDS, MD 929 EAST BLOOMINGDALE AVENUE BRANDON, FL 33511
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02/22/08-80001-003 138.75

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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:**  **2-11-08 (813) 571 1516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #