# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 15, 2006 8:00 am**
**Secretary of State**
04-24-2006 90044 014 ***150.00

DOCUMENT # L05000040887

1. Entity Name
2TH DOCS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 SOUTH LOOP BOULEVARD<br>LEHIGH ACRES, FL 33936 | 1001 SOUTH LOOP BOULEVARD<br>LEHIGH ACRES, FL 33936 |

04122006 Chg-LLC CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-2748995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GEAR, BRIAN L DMD<br>1001 SOUTH LOOP BOULEVARD<br>LEHIGH ACRES, FL 33936 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GEAR, BRIAN L DMD<br>1001 SOUTH LOOP BOULEVARD<br>LEHIGH ACRES, FL 33936 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>DAVIS, R. TROOP DDS<br>1001 SOUTH LOOP BOULEVARD<br>LEHIGH ACRES, FL 33936 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Davis, R. TROOP DDS | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Oakes-Lottridge, Denise DMD<br>1001 South Loop BLVD.<br>Lehigh Acres FL 33936 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** _____ 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #