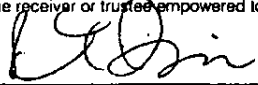


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 1001 SOUTH LOOP BOULEVARD LEHIGH ACRES, FL 33936			Mailing Address 1001 SOUTH LOOP BOULEVARD LEHIGH ACRES, FL 33936		
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GEAR, BRIAN L DMD 1001 SOUTH LOOP BOULEVARD LEHIGH ACRES, FL 33936				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GEAR, BRIAN L DMD		NAME		
STREET ADDRESS	1001 SOUTH LOOP BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	MGRM ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	DAVIS, R. TROUP DDS		NAME	Davis, R. TROUP DDS	
STREET ADDRESS	1001 SOUTH LOOP BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	MGRM ☐ Change ☒ Addition	
NAME			NAME	Oakes-Lottridge, Denise DMD	
STREET ADDRESS			STREET ADDRESS	1001 SOUTH LOOP BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	Lehigh ACRES FL 33936	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 4/18/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					