2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2006
Secretary of State

DOCUMENT# L05000119677

Entity Name: CENTRAL FLORIDA ORTHODONTICS, LLC

Current Principal Place of Business:

6110 S. ATLANTIC AVE.
NEW SMYRNA BCH, FL 32169

New Principal Place of Business:

5300 S. ATLANTIC AVENUE, #5601
NEW SMYRNA BCH, FL 32169

Current Mailing Address:

6110 S. ATLANTIC AVE.
NEW SMYRNA BCH, FL 32169

New Mailing Address:

5300 S. ATLANTIC AVE., #5601
NEW SMYRNA BCH, FL 32169

FEI Number: **FEI Number Applied For (X)** **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:

CUTLER, RONALD
1172 PELLICAN BAY DR.
DAYTONA BCH, FL 32119 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: MGRM ( ) Delete
Name: LITOWITZ, ARTHUR
Address: 6110 S. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BCH, FL 32169

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LITOWITZ, ARTHUR
Address: 5300 S. ATLANTIC AVE., #5601
City-St-Zip: NEW SMYRNA BCH, FL 32169

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: ARTHUR N. LITOWITZ, D.M.D. MGRM 09/04/2006

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