

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119677

**FILED**  
**Apr 28, 2007**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ORTHODONTICS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**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:**

LITOWITZ, ARTHUR N DR.  
5300 S. ATLANTIC AVENUE  
#5601  
NEW SMYRNA BEACH, FL 32169 US

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: ARTHUR N. LITOWITZ, D.M.D.

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title:            MGRM      (X) Change ( ) Addition  
Name:           LITOWITZ, ARTHUR N DR.  
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 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

DR.

04/28/2007

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