

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120950

Entity Name: SHOOPAK & KAPLEY, P.L.

FILED  
Mar 05, 2007  
Secretary of State

**Current Principal Place of Business:**

9272 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

14564 EAGLE POINT DRIVE  
CLEARWATER, FL 33762

**New Mailing Address:**

FEI Number: 20-4075255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHOOPAK, ALAN D.D.M.D.  
14564 EAGLE POINT DRIVE  
CLEARWATER, FL 33762 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: ALAN D. SHOOPAK, DMD, ORTHODONTIC G R OUP, PA  
Address: 14564 EAGLE POINT DRIVE  
City-St-Zip: CLEARWATER, FL 33762

Title: MGRM ( ) Delete  
Name: KAPLEY ORTHODONTICS,, P.A.  
Address: 9727 ARLINGTON EXPRESSWAY  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN SHOOPAK

PRES

03/05/2007

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