

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120950

Entity Name: SHOOPAK & KAPLEY, P.L.

FILED
Jan 08, 2008
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 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

01/08/2008

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