2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# L05000120950

Entity Name: SHOOPAK & KAPLEY, P.L.

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 02/08/2009

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