2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000121437

Entity Name: WILLISTON GENERAL DENTISTRY, LLC.

Current Principal Place of Business:

173 NORTH MAIN ST.
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

173 NORTH MAIN ST.
WILLISTON, FL 32696 US

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:

SCHWIEBERT, KENNETH A
173 NORTH MAIN ST.
WILLISTON, FL 32696 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: KENNETH A. SCHWIEBE, RT, DMD, P.A.
Address: 173 NORTH MAIN ST.
City-St-Zip: WILLISTON, FL 32696 US

Title: MGRM ( ) Delete
Name: DEBBIE LYNN HOSKINS,, DMD, P.A.
Address: 173 NORTH MAIN ST.
City-St-Zip: WILLLISTON, FL 32696 US

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: KENNETH A SCHWIEBERT, DMD, PA MGRM 04/30/2006

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