2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

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Entity Name: SHOOPAK & BARRY, P.L.

Current Principal Place of Business:

4400 BAYOU BLVD., STE. 30-A
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD., STE. 30-A
PENSACOLA, FL 32503

New Mailing Address:

14564 EAGLE POINT DRIVE
CLEARWATER, FL 33762

FEI Number: 20-4075450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHOOPAK, ALAN D DMD
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 GR O UP PA	
Address:	14564 EAGLE POINT DRIVE	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	MGRM	( ) Delete
Name:	BARRY, DANIEL D DMD MDS	
Address:	4400 BAYOU BLVD., STE. 30A	
City-St-Zip:	PENSACOLA, FL 32503	

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 D. SHOOPAK, DMD, AS PRES FOR MGRM MGRM 07/06/2006

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