

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122130

Entity Name: SHOOPAK & BARRY, P.L.

FILED
Feb 08, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

14564 EAGLE POINT DRIVE
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-4075450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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