2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# L06000063348

Entity Name: MCDOWELL ALBERT ORTHODONTICS, PL

Current Principal Place of Business:

1433 COURT STREET
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1433 COURT STREET
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3503530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDOWELL, ERNEST H D.M.D.
1433 COURT STREET
CLEARWATER, FL 33756 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: MCDOWELL, ERNEST H D.M.D
Address: 1433 COURT ST.
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGR ( ) Change (X) Addition
Name: ALBERT, JEREMY M D.M.D.
Address: 1433 COURT ST.
City-St-Zip: CLEARWATER, FL 33756 US

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: ERNEST H. MCDOWELL MGR 01/25/2007

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