2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2009
Secretary of State

DOCUMENT# L06000074037

Entity Name: SHANNON P. JOHNSON, DMD, PL

Current Principal Place of Business:

1261 GULF BLVD
SUITE 120
CLEARWATER, FL 33761 US

New Principal Place of Business:

1261 GULF BOULEVARD
SUITE 120
CLEARWATER, FL 33761 US

Current Mailing Address:

2470 HICKMAN CIR
CLEARWATER, FL 33761 US

New Mailing Address:

2470 HICKMAN CIRCLE
CLEARWATER, FL 33761 US

FEI Number: 20-5269332 **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:

JOHNSON, SHANNON P
2470 HICKMAN CIR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

JOHNSON, SHANNON P
2470 HICKMAN CIRCLE
CLEARWATER, FL 33761 US

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: SHANNON P. JOHNSON 06/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSON, SHANNON P
Address: 2470 HICKMAN CIR
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JOHNSON, SHANNON P
Address: 2470 HICKMAN CIRCLE
City-St-Zip: CLEARWATER, FL 33761 US

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: SHANNON P. JOHNSON MGR 06/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date