


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90203 032 ****50.00

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1. Entity Name
 PODVIA & STANFORD, D.M.D.'S P.L.



Principal Place of Business
 C/O KRISTAN DAVID PODVIA, D.M.D.
 7724 LEM TURNER ROAD
 JACKSONVILLE, FL 32208

Mailing Address
 C/O KRISTAN DAVID PODVIA, D.M.D.
 7724 LEM TURNER ROAD
 JACKSONVILLE, FL 32208

60013319


2. Principal Place of Business - No P.O. Box # *NIA*

3. Mailing Address *NIA*

Suite, Apt. #, etc.

City & State

Zip Country



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number *20-5342026* Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PODVIA, KRISTAN DAVID
 C/O KRISTAN DAVID PODVIA, D.M.D.
 7724 LEM TURNER ROAD
 JACKSONVILLE, FL 32208

7. Name and Address of New Registered Agent

Name *NIA*

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent. *NIA*

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PODVIA, KRISTAN DAVID D.M.D. 7724 LEM TURNER ROAD JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANFORD, ALLISHA D.M.D. 7724 LEM TURNER ROAD JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Correction of spelling "Alisha" is proper spelling.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Alisha Stanford, DMD* **1/4/2007** **(904) 765-5573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #