## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002961

Entity Name: MARK D. HUZYAK, D.M.D., P.L.

FILED Jan 03, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4 6068 SOUTH APOPKA-VINELAND ROAD ORLANDO, FL 32819

SUITE 4

ORLANDO, FL 32819

**Current Mailing Address: New Mailing Address:** 

6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4 6068 SOUTH APOPKA-VINELAND ROAD ORLANDO, FL 32819

SUITE 4

ORLANDO, FL 32819

FEI Number: 59-3553535 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUZYAK, MARK D HUZYAK, MARK D

6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4 6068 SOUTH APOPKA-VINELAND ROAD

ORLANDO, FL 32819 SUITE 4 ORLANDO, FL 32819 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: 01/03/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

( ) Delete Title: (X) Change ( ) Addition

HUZYAK, MARK D DMD HUZYAK, MARK D DMD Name: Name:

Address: 6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4 Address: 6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK D. HUZYAK, DMD 01/03/2005