## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L99000001359

KUSSICK ORTHODONTIC SYSTEMS, L.L.C.



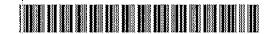
Principal Place of Business

Mailing Address

3884 CLIPPER COVE DRIVE NAPLES, FL 34112

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## **FILED** Aug 16, 2004 08:00 AM Secretary of State



08022004 No Chg-LLC

CR2E083 (10/03)

٩.	FEI Number	Applied For
	22-3423826	Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUSSICK, LEON 3884 CLIPPER COVE DRIVE NAPLES, FL 34112

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			!		
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.					
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required whe	n religiating) DATE		
	ling Fee is \$50.00 by September 8, 2004		U00000170114 08/16/04-80002-003 50.00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE WAME STREET ADDRESS CITY-ST-ZIP	MGRM KUSSICK, LEON 3884 CLIPPER COVE DRIVE NAPLES, FL 34112				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CRTY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby of indicated limited lia	perity that the information supplied with this filing does not given this report is true and accurate and that my signature she bility company or the receiver or trustee empowered to execute	ralify for the exemption stated in Sectional has the same legal effect as if made the this report as required by Chapter 6	on 1 9.07(3)(i), Florida Statutes. I further certify that the information e under oath, that I am a managing member or manager of the		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #