

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002329

FILED
Jul 02, 2005
Secretary of State

Entity Name: T.P. WOLLSCHLAGER, D.M.D. LLC

Current Principal Place of Business:

2167 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

2167 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3582924 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:

Name and Address of New Registered Agent:

WOLLSCHLAGER, T.P. D.M.D.
2167 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLLSCHLAGER, T.P.
Address: 2167 CRAWFORDVILLE HWY.
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: T. P. WOLLSCHLAGER, DMD

MGRM

07/02/2005

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