2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L99000007391

Entity Name: SOPHIA PARPIA, D.D.S., P.L.L.C.

Current Principal Place of Business:

687 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

777 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

687 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

777 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3608958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARPIA, AMMAN
221 CAPRI COVE PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: PARPIA, ASHIFA
Address: 221 CAPRI COVE PLACE
City-St-Zip: SANFORD, FL 32771

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 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: ASHIFA PARPIA MGRM 04/17/2007

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