

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123050

FILED
Feb 15, 2012
Secretary of State

Entity Name: PALM BEACH PROSTHODONTICS, LLC

Current Principal Place of Business:

1401 FORUM WAY
SUITE 800
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

1401 FORUM WAY
SUITE 800
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-1857489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIOCE, DOMENICK R
1645 PALM BEACH LAKES BLVD. SUITE 1200
WEST PALM BEACH, FL 33401 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: DR
Name: KAY, HOWARD B DR
Address: 1401 FORUM WAY SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DR
Name: KEOUGH, BERNARD E DR.
Address: 1401 FORUM WAY SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DR
Name: SANTAMARINA, MIGUEL J DR
Address: 1401 FORUM WAY SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DR.
Name: SALCEDO, JAIRO DMD,MMS
Address: 1401 FORUM WAY SUITE 800
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: HOWARD B. KAY

DR.

02/15/2012

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