2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000039614

Entity Name: BRIGHT SMILES FAMILY AND COSMETIC DENTISTRY PLLC

Current Principal Place of Business:

705 6TH STREET
DESTIN, FL 32541 US

New Principal Place of Business:

208 HOSPITAL DRIVE
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

705 6TH STREET
DESTIN, FL 32541 US

New Mailing Address:

208 HOSPITAL DRIVE
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-4712495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAVENS, JASON E
4400 EAST HIGHWAY 20
SUITE 211
NICEIVLLE, FL 32578 US

Name and Address of New Registered Agent:

BARTLETT, KATHERINE J
208 HOSPITAL DRIVE
FORT WALTON BEACH, FL 32548 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: KATHERINE BARTLETT 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARTLETT, KATHERINE J DMD
Address: 705 6TH STREET
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARTLETT, KATHERINE J DMD
Address: 208 HOSPITAL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify 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: KATHERINE BARTLETT CEO 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date