

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039614

Entity Name: BRIGHT SMILES FAMILY AND COSMETIC DENTISTRY PLLC

Current Principal Place of Business:

208 HOSPITAL DRIVE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

208 HOSPITAL DRIVE
FORT WALTON BEACH, FL 32548 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name BARTLETT FAMILY AND COSMETIC
DENTISTRY, P.L.L.C.
Address 208 HOSPITAL DRIVE
City-State-Zip: FORT WALTON BEACH FL 32548

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIC BARTLETT

ADMINISTRATOR

04/16/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date