

**2016 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:** No

**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:** KATHERINE BARTLETT

04/09/2016

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:** KATHERINE J BARLETT

RA

04/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date