

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000074448

**FILED**  
**Aug 01, 2014**  
**Secretary of State**  
**CC9398804261**

**Entity Name:** FAMILY & COSMETIC DENTISTRY OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

308 ARABIAN ROAD  
PALM BEACH, FL 33480

**Current Mailing Address:**

308 ARABIAN ROAD  
PALM BEACH, FL 33480

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BARRON & KOGAN, CPAS, P.A.  
12788 W. FOREST HILL BLVD.  
SUITE 1003  
WELLINGTON, FL 33414 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 MGR  
Name BAUER, RICHARD  
Address 308 ARABIAN ROAD  
City-State-Zip: PALM BEACH FL 33480

*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: RICHARD BAUER**

**MGR**

**08/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date