


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000004926 1. Entity Name NICEVILLE FAMILY DENTAL CENTER, P.L.	
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Principal Place of Business 908 PALM BLVD. NICEVILLE, FL 32578	Mailing Address 908 PALM BLVD. NICEVILLE, FL 32578
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01272005No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0404762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PITELL, LISA Y
4 ELEVENTH AVE., STE. 1
SHALIMAR, FL 32579

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAPATA, RALF P DDS 1764 OSPREY COVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, GARY W DDS 1360 WINDWARD LANE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASEY, LARRY J DDS 1201 BAYSHORE DR. NICEVILLE, FL 32578
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Rhonda M. Zapata Date: 4/20/05 (850) 729-1823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

Rhonda M. Zapata