


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000004926 1. Entity Name NICEVILLE FAMILY DENTAL CENTER, P.L.	
---	---

Principal Place of Business 908 PALM BLVD. NICEVILLE, FL 32578	Mailing Address 908 PALM BLVD. NICEVILLE, FL 32578
--	--

**DO NOT WRITE IN THIS SPACE**



01262006No Chg-LLC	CR2E083 (11/05)
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
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000540839  
05/10/05-80033-024 50.00

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bhonda M. Zapata* Bhonda M. Zapata 31 Jan 06 (850) 729-1223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #