


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90146 011 \*\*\*138.75

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



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


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

60015702



01222008    Chg-LLC      CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**  
 PITELL, LISA Y  
 4400 HIGHWAY 20 EAST, SUITE 202  
 NICEVILLE, FL 32578

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                                      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAPATA, RALF P DDS 1764 OSPREY COVE NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, GARY W DDS 1360 WINDWARD LANE NICEVILLE, FL 32578	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASEY, LARRY J DDS 1201 BAYSHORE DR. NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, NATHANIEL C DMD 401 GREENWOOD WAY NICEVILLE, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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