

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004926

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: NICEVILLE FAMILY DENTAL CENTER, P.L.

**Current Principal Place of Business:**

908 PALM BLVD.  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

908 PALM BLVD.  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 03-0404762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PITELL, LISA Y  
4400 HIGHWAY 20 EAST, SUITE 202  
NICEVILLE, FL 32578 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZAPATA, RALF P DDS  
Address: 1764 OSPREY COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: HALL, GARY W DDS  
Address: 1360 WINDWARD LANE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete  
Name: HALL, NATHANIEL C DMD  
Address: 401 GREENWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RALF P ZAPATA DDS

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date