

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004926

FILED
Mar 08, 2010
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
Name: ZAPATA, RALF P DDS
Address: 1764 OSPREY COVE
City-St-Zip: NICEVILLE, FL 32578

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

I hereby 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 ZAPATA DDS

MGR

03/08/2010

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