

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004926

**FILED**  
**Apr 22, 2011**  
**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

MGMB

04/22/2011

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