

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033393

FILED
Apr 28, 2009
Secretary of State

Entity Name: LYNN HAVEN SMILE CENTER, L.L.C.

Current Principal Place of Business:

801 OHIO AVE.
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

801 OHIO AVE.
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 20-0056805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, F REESE
801 OHIO AVE.
LYNN HAVEN, FL 32444 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: MGRM () Delete
Name: WALL, DEREK H DDS, PA
Address: 801 OHIO AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM () Delete
Name: HARRISON, F. REESE DMD, PA
Address: 801 OHIO AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

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: DEREK H. WALL DDS

PRES

04/28/2009

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