

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000033393

**FILED**  
**Mar 08, 2011**  
**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:**

WALL, DEREK H  
801 OHIO AVE.  
LYNN HAVEN, FL 32444 US

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: DEREK H. WALL DDS PA

03/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALL, DEREK H DDS, PA  
Address: 801 OHIO AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

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

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: DEREK H. WALL DDS PA

PRES

03/08/2011

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