

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000019747	
1. Entity Name PALM BEACH MALL DENTAL GROUP, PL	

Principal Place of Business 1801 PALM BEACH LAKES BLVD.K #852 WEST PALM BEACH, FL 33401	Mailing Address 1801 PALM BEACH LAKES BLVD.K #852 WEST PALM BEACH, FL 33401
---	---

0000000368471
05/31/05-80002-016 50.00



05242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0571773	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOLD, STUART MESQ 8180 NW 36TH ST., STE. 100 MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$30.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIELSEN, PAMELA L 7755 SW 87 AVE #110 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.

SIGNATURE: *Pamela L. Nielsen* 5-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #