

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068746

FILED
Jul 01, 2005
Secretary of State

Entity Name: PELICAN BAY FAMILY DENTAL, LLC

Current Principal Place of Business:

5811 BAY BLVD., SUITE #103
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5811 BAY BLVD., SUITE #103
NAPLES, FL 34108

New Mailing Address:

FEI Number: 34-2017285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BIEN, JOE
5811 BAY BLVD., SUITE #103
NAPLES, FL 34108 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: BIEN, JOEY
Address: 5811 BAY BLVD., SUITE #103
City-St-Zip: NAPLES, FL 34108

Title: MGRM () Delete
Name: MASSA, JAMES
Address: 5811 BAY BLVD., SUITE #103
City-St-Zip: NAPLES, FL 34108

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 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 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: JOEY BIEN

PRES

07/01/2005

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