

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000008039

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** PANTHER HOLLOW DENTAL LODGE, P.L.

**Current Principal Place of Business:**

19240 QUESADA AVE  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19240 QUESADA AVE  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 81-0662579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATTERS, JOHN L D.M.D.  
19240 QUESADA AVE  
PORT CHARLOTTE, FL 33948 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:** WATTERS, JOHN L II  
**Address:** 1155 LIVEOAK CIRCLE  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**Title:** MGR  
**Name:** BENDER, JOSEPH C  
**Address:** 4070 LEA MARIE ISLAND DRIVE  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

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:** JOHN L. WATTERS, II

MGR

03/12/2012

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