

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104111

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** COASTAL ORTHODONTICS, PLLC

**Current Principal Place of Business:**

904 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

904 GARDEN GATE CIRCLE  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 20-3669034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITVAK, KRAMER A  
226 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502 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: LITVAK, ALLEN JR.  
Address: 4155 BAISDEN ROAD  
City-St-Zip: PENSACOLA, FL 32503

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: DR. ALLEN LITVAK, JR.

CEO

01/05/2010

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