

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025293

FILED
Jan 09, 2012
Secretary of State

Entity Name: FAMILY DENTISTRY OF NORTHWEST FLORIDA, LLC.

Current Principal Place of Business:

110 EAST NORTH AVENUE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

110 EAST NORTH AVENUE
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 75-3235525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, JUDY M
2005 YOOPON LANE
BONIFAY, FL 32425 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: PARKER, STANLEY M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: HOOPER, ERNEST M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: S
Name: PARKER, JUDY M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: WILSON, JOHN M
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: PARKER, BRIAN A
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: MGR
Name: WHITAKER, HILARY T
Address: 110 E. NORTH AVENUE
City-St-Zip: BONIFAY, FL 32425

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: JUDY M. PARKER

S

01/09/2012

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