

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102167

Entity Name: PALM DENTAL, PLLC

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1026 S. LAKE MARIAM DRIVE  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

5535 CYPRESS GARDENS BLVD  
SUITE 120  
WINTER HAVEN, FL 33884 US

**Current Mailing Address:**

1026 S. LAKE MARIAM DRIVE  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

5535 CYPRESS GARDENS BLVD  
SUITE 120  
WINTER HAVEN, FL 33884 US

FEI Number: 26-1207731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NONG, NHUNG T  
1026 S LAKE MARIAM DR  
WINTER HAVEN, FL 33884 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  
Name: NONG, NHUNG  
Address: 1026 S LAKE MARIAM DR  
City-St-Zip: WINTER HAVEN, FL 33884 US

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: NHUNG NONG

MGRM

02/25/2010

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