2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L08000052015

Entity Name: EMERALD COAST FAMILY DENTISTRY, P.L.

Current Principal Place of Business:

2400 W. MICHIGAN AVENUE, UNIT #11
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

2400 W. MICHIGAN AVENUE, UNIT #11
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, KERRY ANNE ESQ.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

KERRY ANNE SCHULTZ, ESQUIRE
2045 FOUNTAIN PROFESSIONAL COURT
SUITE A
NAVARRE, FL 32566 US

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: KERRY ANNE SCHULTZ, ESQUIRE 03/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BOUDREAUX, JENNIFER C
Address: 2400 W. MICHIGAN AVENUE, UNIT #11
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JENNIFER C. BOUDREAUX MGRM 03/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date