

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096655

**FILED**  
**Jul 07, 2010**  
**Secretary of State**

**Entity Name:** PANAMA CITY BEACH CENTER FOR COSMETIC & FAMILY DENTISTRY, LLC

**Current Principal Place of Business:**

4635 GULFSTARR DR.  
SUITE 200  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4635 GULFSTARR DR.  
SUITE 200  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 27-1427368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LICHORWIC, DENNIS  
4550 JOHN AVE.  
#4  
DESTIN, FL 32541 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: LICHORWIC, DENNIS  
Address: 4550 JOHN AVE #4  
City-St-Zip: DESTIN, FL 32541

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: DENNIS LICHORWIC

MGRM

07/07/2010

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