

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000090

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** PROFILES ORAL AND FACIAL SURGERY, PLLC

**Current Principal Place of Business:**

2560 RCA BOULEVARD  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

2560 RCA BOULEVARD  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SHOCHET, RANDALL M ESQ.  
4897 JOG ROAD  
GREENACRES, FL 33467 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CHARLES, MAKEPEACE DDS  
**Address:** 2560 RCA BLVD, SUITE 102  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 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: CHARLES MAKEPEACE, DDS

MGRM

05/03/2010

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