

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000090320

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** FREILICH AND CHARLES ORAL AND MAXILLOFACIAL ADMINISTRATION, LLC

**Current Principal Place of Business:**

2560 RCA BOULEVARD  
SUITE 102  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2560 RCA BOULEVARD  
SUITE 102  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 27-3337032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOCHET LAW GROUP  
4897 JOG ROAD  
GREENACRES, FL 33467 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: CHARLES, MAKEPEACE  
Address: 2560 RCA BOULEVARD, SUITE 102  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM  
Name: CHARLES, TRUDY  
Address: 2560 RCA BOULEVARD, SUITE 102  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MAKEPEACE CHARLES DDS

MGRM

03/30/2011

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