

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000023918

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** POMPANO BEACH PERIODONTICS, PLLC

**Current Principal Place of Business:**

2231 NORTHEAST 25TH AVENUE  
SUITE 4  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

2231 NORTHEAST 25TH AVENUE  
SUITE 4  
POMPANO BEACH, FL 33062 US

**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:**

RANDY GOLDFARB, D.M.D., P.A.  
951 NW 13TH STREET  
SUITE 3A  
BOCA RATON, FL 33486 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: RANDY GOLDFARB, D.M.D., - POMPANO P.A.  
Address: 951 NW 13TH STREET, SUITE 3A  
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM  
Name: JASON A. WITONSKY, D.M.D., M.S., P.A.  
Address: 3271 HARRINGTON DRIVE  
City-St-Zip: BOCA RATON, FL 33496 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: RANDY GOLDFARB                      DR                      04/11/2012

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