

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091557

**Entity Name:** DENTISTRY BY DESIGN, LLC

**Current Principal Place of Business:**

672 SW PRIMA VISTA BLVD.  
SUITE 202  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

PO BOX 69  
JUPITER, FL 33468

**FEI Number:** 45-2989961

**Certificate of Status Desired:** No

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

MEDICAL CONSULTANTS OF PALM BEACH, LLC  
600 HERITAGE DRIVE  
SUITE 105  
JUPITER, FL 33458 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

**Authorized Person(s) Detail :**

Title MGR  
Name MEDICAL CONSULTANTS OF PALM  
BEACH, LLC  
Address 600 HERITAGE DRIVE  
SUITE 105  
City-State-Zip: JUPITER FL 33458

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MEDICAL CONSULTANTS OF PALM BEACH, LLC MGR

03/20/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date