

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000191741

**Entity Name:** ILONA P. FOTEK, DMD, PLLC

**Current Principal Place of Business:**

4600 MILITARY TR  
STE 210  
JUPITER, FL 33458

**Current Mailing Address:**

111 LA VIDA CT  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 46-2677656

**Certificate of Status Desired:** No

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

FOTEK, ILONA  
111 LA VIDA CT  
PALM BEACH GARDENSH, FL 33418 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 FOTEK, ILONA  
Address 4600 MILITARY TR, SUITE 210  
City-State-Zip: JUPITER FL 33458

Title AR  
Name FOTEK, PAWEL  
Address 4600 MILITARY TR SUITE 210  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAWEL FOTEK

AR

03/29/2016

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

\_\_\_\_\_  
Date