

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003377	
1. Entity Name GLICKSMAN, MARS & GRAND DENTAL, L.C.	

Principal Place of Business 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH FL 33180	Mailing Address 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH FL 33180
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 65-0883086		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

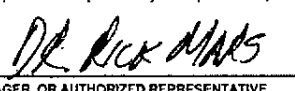
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARS, RICK A D.D.S. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLICKMAN, JOEL D.D.S. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000036128 ☐ Change ☐ Addition 02/06/04-80046-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAND, HARRY S D.M.D. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:   **1/30/04 305-935-2797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #