


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003722
 1. Entity Name
GENTLE DENTAL OF LEE COUNTY, LLC



Principal Place of Business _____ Mailing Address _____
12691 MCGREGOR BLVD #102 **12691 MCGREGOR BLVD #102**
FORT MYERS, FL 33919 **FORT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



01262005.No Chg-LLC CR2E083 (10/03)
 4. FCI Number **20-0343239** Applied For / Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
HALL, LARRY
12691 MCGREGOR BLVD #102
FORT MYERS, FL 33919

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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 reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, LARRY 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919
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 04/15/05-80052-017 50.00

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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(9)(c), 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: Lawrence A. Hall Lawrence A. HALL, 1/27/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Day/Mo/Yr

239-482-0429