


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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



Principal Place of Business 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919	Mailing Address 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



04242006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0343239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

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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 05/05/06-80150-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: Lawrence A. Hall, Managing member, 4/23/06 239-482-0429
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #