


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003722</b>		
1. Entity Name <b>GENTLE DENTAL OF LEE COUNTY, LLC</b>		
Principal Place of Business <b>12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919</b>		Mailing Address <b>12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02282007No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>20-0343239</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>HALL, LARRY 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
U000000687631 04/10/07-80046-023 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALL, LARRY 12691 MCGREGOR BLVD #102 FORT MYERS, FL 33919</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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 608, Florida Statutes.		
<b>SIGNATURE: <i>Lawrence A. Hall</i></b> <b>SIGNATURE: LAWRENCE A. HALL</b> <i>Managing member</i> <b>03/01/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		