
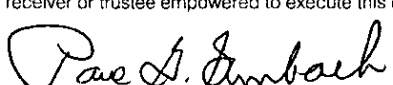


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90075 035 ****50.00

DOCUMENT # L00000002223 1. Entity Name INSTITUTIONAL DENTAL SERVICES OF SOUTHWEST FLORIDA, PL					
Principal Place of Business 28 CATALPA COURT FORT MYERS FL 33919			Mailing Address 28 CATALPA COURT FORT MYERS FL 33919		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HINES, JAMES P ESQ HINES NORMAN & ASSOCIATES, P.L. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606				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 reinstating) 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 GRUMBACH, PAUL G D.D.S. 28 CATALPA COURT FORT MYERS FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2/9/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



MOORE CR2E083 (11/03)

4. FEI Number **65-0992850** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**