

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000002416

FILED
Apr 28, 2002 8:00 AM
Secretary of State

Entity Name: HARMONY DENTAL, LLC

Current Principal Place of Business:

2063 GILMORE STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2063 GILMORE STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3635236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILDERSLEEVE, THOMAS E
2063 GILMORE STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GILDERSLEEVE, THOMAS E
Address: 2063 GILMORE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: SCHARMAN, RICHARD D
Address: 2063 GILMORE STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: SMITH, JOHN G PARTNER
Address: 2063 GILMORE STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SMITH, JOHN G
Address: 2063 GILMORE STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS E GILDERSLEEVE

MGRM

04/28/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date