

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018784

Entity Name: GALLERIA DENTISTRY, L.C.

**FILED**  
**Jan 10, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

C/O GERY P. BENZA  
9140 GALLERIA COURT  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GERY P. BENZA  
9140 GALLERIA COURT  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 59-3753333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLY, CHARLES M JR.  
2640 GOLDEN GATE PKWY, STE 305  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

KELLY, CHARLES M JR.  
2390 TAMiami TR N, STE 204  
NAPLES, FL 34103 US

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:

01/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BENZA, GERY P  
Address: 9140 GALLERIA COURT  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GERY P. BENZA

MGRM

01/10/2006

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