2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L05000082779

Entity Name: GAINESVILLE FAMILY DENTISTRY, LLC

Current Principal Place of Business:

5622 NW 43RD STREET
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5622 NW 43RD STREET
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 20-3335923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITT, SANDRA J DR.
5622 NW 43RD STREET
GAINESVILLE, FL 32653 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/MANAGERS:

Title: MGR ( ) Delete
Name: WITT, WILLIAM M
Address: 5622 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM ( ) Delete
Name: WITT, SANDRA J
Address: 5622 NW 43RD STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: WITT, AMANDA M
Address: 207 EAST DAVIS STREET
City-St-Zip: DECATUR, GA 30030

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: DR. WILLIAM M. WITT CEO 01/09/2007

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