

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082779

FILED
Feb 01, 2008
Secretary of State

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:

6504 NW 50TH LANE
GAINESVILLE, FL 32653

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:

WITT, SANDRA J DR.
6504 NW 50TH LANE
GAINESVILLE, FL 32653 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:

02/01/2008

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WITT, WILLIAM M
Address: 6504 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM (X) Change () Addition
Name: WITT, SANDRA J
Address: 6504 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

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

I hereby certify that the information supplied with this filing does not qualify 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

02/01/2008

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