

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082779

**FILED**  
**Jan 05, 2009**  
**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:**

5622 NW 43RD STREET  
GAINESVILLE, FL 32653 US

**Current Mailing Address:**

6504 NW 50TH LANE  
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.  
6504 NW 50TH LANE  
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: 6504 NW 50TH LANE  
City-St-Zip: GAINESVILLE, FL 32653

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

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

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. SANDRA J. WITT

MGRM

01/05/2009

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