

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005937

FILED
Feb 26, 2007
Secretary of State

Entity Name: WILLIAM GLOVER, III, DMD, LLC

Current Principal Place of Business:

1507 S. HIAWASSEE ROAD, SUITE 209 & 210
ORLANDO, FL 32835

New Principal Place of Business:

1507 S. HIAWASSEE ROAD
SUITE 209 & 210
ORLANDO, FL 32835

Current Mailing Address:

1330 S. ORLANDO AVENUE
WINTER PARK, FL 32789

New Mailing Address:

1507 S. HIAWASSEE RD.
SUITE 209
ORLANDO, FL 32835

FEI Number: 20-4164823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOKMENSUER, C. YANKI ESQ
SMITH MACKINNON, PA
255 S. ORANGE AVENUE, SUITE 800
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GLOVER, WILLIAM A DR
2855 CARDESSI DR.
OCOOEE, FL 34761 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: WILLIAM GLOVER, III

02/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GLOVER, WILLIAM III
Address: 1330 S. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: NESMITH, ROBERT
Address: 7638 PERSIAN COURT
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: HICKS, REGINALD
Address: 219 LIME AVENUE
City-St-Zip: ORLANDO, FL 32802

ADDITIONS/CHANGES:

Title: DR. (X) Change () Addition
Name: GLOVER, WILLIAM III
Address: 1507 S. HIAWASSEE RD.
City-St-Zip: ORLANDO, FL 32835

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 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: WILLIAM GLOVER, III, D.M.D

DR.

02/26/2007

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