

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033035

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: SNYDER MCDOWELL DENTAL, LLC

**Current Principal Place of Business:**

7711 CAMBRIDGE MANOR PLACE  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

7711 CAMBRIDGE MANOR PLACE  
FT. MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-8727898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHOENFELD, LOWELL S  
1380 ROYAL PALM SQUARE BLVD.  
FT. MYERS, FL 33919 US

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

SNYDER, GARY J MGR  
7711 CAMBRIDGE MANOR PLACE  
FORT MYERS, FL 33907 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: GARY J SNYDER

04/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SNYDER, GARY J  
Address: 7711 CAMBRIDGE MANOR PLACE  
City-St-Zip: FT. MYERS, FL 33907

Title: MGR ( ) Delete  
Name: MCDOWELL, SHANE R  
Address: 7711 CAMBRIDGE MANOR PLACE  
City-St-Zip: FT. MYERS, FL 33907

**ADDITIONS/CHANGES:**

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: GARY J SNYDER

MGR

04/10/2008

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