

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000033035

FILED
Apr 15, 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:**SNYDER, GARY J MGR
7711 CAMBRIDGE MANOR PLACE
FORT MYERS, FL 33907 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: 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: SHANE MCDOWELL

DR

04/15/2008

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