

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092889

Entity Name: GL DENTMED LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

8220 NW 30TH TERRACE  
DORAL, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

8220 NW 30TH TERRACE  
DORAL, FL 33122 US

**New Mailing Address:**

FEI Number: 26-1194004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: LISBOA, CESAR J  
Address: 13045 SW 95TH AVE  
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM ( ) Delete  
Name: GARCIA, LUCIANO J  
Address: 8220 NW 30TH TERRACE  
City-St-Zip: DORAL, FL 33122 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, LUCIANO J  
Address: 471 SW 101 AVE  
City-St-Zip: PLANTATION, FL 33324 US

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: LUCIANO J GARCIA

MGRM

04/30/2008

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