2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# L07000092889

Entity Name: GL DENTMED LLC

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:

GARCIA, LUCIANO J
471 SW 101 AVE
PLANTATION, FL 33324 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: 471 SW 101 AVE
City-St-Zip: PLANTATION, FL 33324 US

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: LUCIANO J GARCIA DR 04/21/2009

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