

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114044

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: BROWARD DENTAL SPA, P.L.

**Current Principal Place of Business:**

2161 E. COMMERCIAL BLVD.  
1ST FLOOR  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2161 E. COMMERCIAL BLVD.  
1ST FLOOR  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 80-0335048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIL, FRANCIS  
5405 NW 102 AVE.  
SUITE 230  
SUNRISE, FL 33351 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MNGR ( ) Change (X) Addition  
Name: FRANCIS, GIL  
Address: 2161 EAST COMMERCIAL BLVD 1ST FLOOR  
City-St-Zip: FT LAUDERDALE, FL 33308

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: FRANCIS GIL

MNGR

04/24/2009

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