

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000061378

**FILED**  
**May 13, 2012**  
**Secretary of State**

**Entity Name:** GENTAL DENTAL GROUP OF EAST BOYNTON BEACH, PLLC

**Current Principal Place of Business:**

951 BROKEN SOUND PKWY NW STE 185  
BOCA RATON, FL 33487

**New Principal Place of Business:**

556 WOOLBRIGHT ROAD  
BOYNTON BEACH, FL 33435 US

**Current Mailing Address:**

951 BROKEN SOUND PKWY NW STE 185  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 27-2808652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLENS, DAVID  
951 BROKEN SOUND PKWY NW STE 185  
BOCA RATON, FL 33487 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  
Name: ZIEGLER, NEAL DDS  
Address: 951 BROKEN SOUND PKWY NW STE 185  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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: NEAL ZIEGLER, DDS      MGR      05/13/2012

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