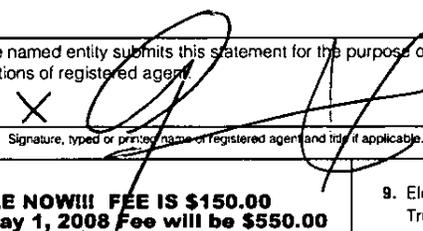
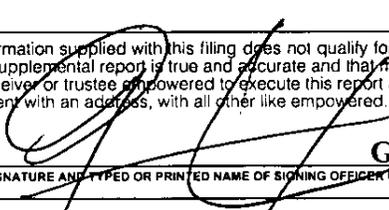


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90167 022 ***150.00

DOCUMENT # P00000095363					
1. Entity Name G.L. DENTAL CLINIC, PA					
Principal Place of Business 780 NW LEJUENE ROAD SUITE #424 MIAMI, FL 33126			Mailing Address 780 NW LEJUENE ROAD SUITE #424 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 782 NW LEJUENE ROAD		3. Mailing Address 782 NW LEJUENE ROAD			
Suite, Apt. #, etc. #633		Suite, Apt. #, etc. #633			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1047375	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Zip 33126		Country USA	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTOS, GRISEL 780 NW LEJEUNE RD # 424 MIAMI, FL 33126			Name GRISEL MARTOS		
			Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJUENE ROAD		
			SUITE #633		
			City MIAMI		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <input checked="" type="checkbox"/>  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPVS	<input type="checkbox"/> Delete	TITLE	DPVS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTOS, GRISEL		NAME	GRISEL MARTOS	
STREET ADDRESS	780 NW LEJUENE ROAD #424		STREET ADDRESS	782 NW LEJUENE ROAD #633	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <input checked="" type="checkbox"/> 			Date GRISEL MARTOS, DIR. 4/29/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		