

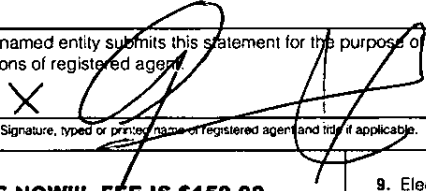
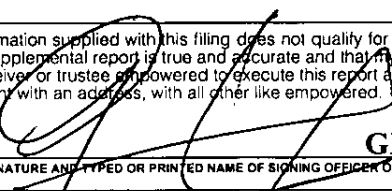


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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			
Zip 33126		Country USA		4. FEI Number 65-1047375	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04292008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MARTOS, GRISEL 780 NW LEJEUNE RD # 424 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name: GRISEL MARTOS Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJUENE ROAD SUITE #633 City: MIAMI FL Zip Code: 33126	
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  DATE _____ <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS MARTOS, GRISEL 780 NW LEJUENE ROAD #424 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GRISEL MARTOS 782 NW LEJUENE ROAD #633 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 			GRISEL MARTOS, DIR. 4/29/08 <small>DATE</small>		