

2001 UNIFORM BUSINESS REPORT (UBR)

0023817 AF

DOCUMENT # L000000000066

1. Entity Name
MIDWAY DENTAL CENTER OF FORT PIERCE, L.L.C.

FILED
01 JAN 18 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5050 SOUTH 25TH STREET FORT PIERCE FL 34981	Mailing Address 5050 SOUTH 25TH STREET FORT PIERCE FL 34981
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0971271	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

STRAWN, JAMES L
5050 SOUTH 25TH STREET
FORT PIERCE FL 34981

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAWN, JAMES L 5050 SOUTH 25TH STREET FORT PIERCE FL 34981	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Strawn, James L.</i> <i>6448 Friendly Cr. N.W.</i> <i>Port St. Lucie, FL 34983</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003576134--1 -01/26/01--01037--007 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* **SIGNATURE REQUIRED** **1-18-01** **(561) 464-4822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)