

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90216 017 ****50.00

DOCUMENT # L00000000066

1. Entity Name

MIDWAY DENTAL CENTER OF FORT PIERCE, L.L.C.



Principal Place of Business

5050 SOUTH 25TH STREET
 FORT PIERCE FL 34981

Mailing Address

5050 SOUTH 25TH STREET
 FORT PIERCE FL 34981

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



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P		NAME		
STREET ADDRESS	STRAWN, JAMES L		STREET ADDRESS		
CITY-ST-ZIP	6448 FRIENDLY CR. N.W.		CITY-ST-ZIP		
	PORT ST.LUCIE FL 34983				
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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 60B, Florida Statutes.

SIGNATURE:

James L. Strawn

3-23-04 (772) 464-4822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #