

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000066

FILED
Jan 13, 2005
Secretary of State

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

Current Principal Place of Business:

5050 SOUTH 25TH STREET
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

5050 SOUTH 25TH STREET
FORT PIERCE, FL 34981

New Mailing Address:

FEI Number: 65-0971271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: P () Delete
Name: STRAWN, JAMES L
Address: 6448 FRIENDLY CR. N.W.
City-St-Zip: PORT ST.LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STRAWN, JAMES L
Address: 6448 FRIENDLY CR. N.W.
City-St-Zip: PORT ST.LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L. STRAWN

MGR

01/13/2005

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