2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L00000000066

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:

5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981

Current Mailing Address:

5050 SOUTH 25TH STREET
FORT PIERCE, FL 34981

New Mailing Address:

5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981

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:

STRAWN, JAMES L
5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981 US

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: JAMES L. STRAWN 01/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date