

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L000000000066

FILED
Aug 29, 2007
Secretary of State

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

Current Principal Place of Business:

5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

5054 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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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:

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 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

PRES

08/29/2007

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