

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90052 014 ****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**

20019696



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STRAWN, JAMES L
6448 FRIENDLY CR. N.W.
PORT ST.LUCIE FL 34983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

SIGNATURES REQUIRED

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

Date

Daytime Phone #

1-21-03 (772) 464-4822

CR2E083 (10/02)