

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051080

FILED
Feb 24, 2004
Secretary of State

Entity Name: TOWNCARE DENTAL GROUP, LLC

Current Principal Place of Business:

12515 NORTH KENDALL DR., STE. 412
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12515 NORTH KENDALL DR., STE. 412
MIAMI, FL 33186

New Mailing Address:

FEI Number: 80-0084369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBER, MELVYN S
12515 NORTH KENDALL DR., STE. 412
MIAMI, FL 33186

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: GOBER, MELVYN S
Address: 12515 NO. KENDALL DRIVE STE 412
City-St-Zip: MIAMI, FL 33186

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: MELVYN GOBER

MGRM

02/24/2004

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