

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025379

FILED
Mar 20, 2009
Secretary of State

Entity Name: TOWNCARE DENTAL OF PINECREST, LLC

Current Principal Place of Business:

8353 SW 124 STREET
SUITE 202
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-1026249 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOBER, MELVYN S
13195 SW 134 STREET
2ND FLOOR
MIAMI, FL 33186 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/MANAGERS:

Title: MGRM () Delete
Name: GOBER, MELVYN
Address: 13195 SW 134 STREET 2ND FLOOR
City-St-Zip: MIAMI, FL 33186

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: MELVYN S GOBER, DDS MGRM 03/20/2009

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