

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017824

Entity Name: 1ST CHOICE CARD, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

12515 N KENDALL DR, STE 412
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12515 N KENDALL DR, STE 412
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3657409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, K. TAYLOR ESQ
150 WEST FLAGLER ST
MUSEUM TOWER, STE 2200
MIAMI, FL 33130 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: TOWNCARE DENTAL PART, NERSHIP INC
Address: 12515 N. KENDALL DRIVE SUITE 412
City-St-Zip: MIAMI, FL 33186

Title: PRES () Change (X) Addition
Name: FREEDMAN, BRIAN L DDS
Address: 12515 NO. KENDALL DRIVE STE 412
City-St-Zip: MIAMI, FL 33186

Title: VP () Change (X) Addition
Name: PAQUET, BASIL
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 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 GOBER

MGRM

04/28/2006

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