2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017824

City-St-Zip:

MIAMI, FL 33186

Entity Name: 1ST CHOICE CARD, LLC

FILED Mar 19, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 13195 SW 134 STREET 2ND FLOOR MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 13195 SW 134 STREET 2ND FLOOR MIAMI, FL 33186 FEI Number: 20-3657409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, K. TAYLOR ESQ. 150 WÉST FLAGLER ST MUSEUM TOWER, STE 2200 MIAMI, FL 33130 ÚS 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TOWNCARE DENTAL PART, NERSHIP INC Name: Name: Address: 13195 SW 134 STREET Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: FREEDMAN, BRIAN L DDS Name: Address: 13195 SW 134 STREET 2ND FLOOR Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition PAQUET, BASIL Name: Name: 13195 SW 134 STREET 2ND FLOOR Address: Address:

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.

City-St-Zip:

SIGNATURE: MELVYN S GOBER, DDS MGRM 03/19/2009