


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

05-08-2006 90043 004 \*\*\*\*50.00  
File # 000098437  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:10

<b>DOCUMENT # L05000098437</b>		
1. Entity Name <b>TOWN &amp; COUNTRY FAMILY DENTISTRY LLC</b>		

Principal Place of Business <b>10136 SW 164TH PLACE MIAMI FL 33196</b>	Mailing Address <b>10136 SW 164TH PLACE MIAMI FL 33196</b>
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2. Principal Place of Business		3. Mailing Address <b>8226 mills Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MIAMI Florida</b>	
Zip	Country	Zip <b>33183</b>	Country



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent <b>SANCHEZ, CECILLE 10136 SW 164TH PLACE MIAMI FL 33196</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>8226 mills Drive</b>	
		City <b>MIAMI</b> FL Zip Code <b>33183</b>	

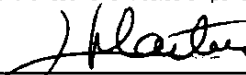
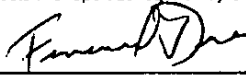
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2006**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, CARLA J 10136 SW 164TH PLACE MIAMI FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, CECILLE 10136 SW 164TH PLACE MIAMI FL 33196	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**   **4/27/06 305-271-6666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #