


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000098437	
1. Entity Name TOWN & COUNTRY FAMILY DENTISTRY LLC	

Principal Place of Business 10136 SW 164TH PLACE MIAMI FL 33196	Mailing Address 8226 MILLS DRIVE MIAMI FL 33183
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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1st MOORE CR2E083 (10/06)

City & State	City & State	4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ, CECILLE 10136 SW 164TH PLACE MIAMI FL 33196

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.


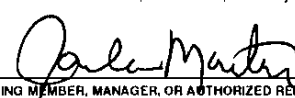
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000746107 05/16/07-80056-019 50.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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:   **4/27/07** **305-271-6666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #