

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000113085

**FILED  
Jul 03, 2006  
Secretary of State**

**Entity Name:** MAIN STREET CHILDREN'S DENTISTRY AND ORTHODONTICS, LLC

**Current Principal Place of Business:**

12515 N. KENDALL DRIVE, SUITE 412  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12515 N. KENDALL DRIVE, SUITE 412  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 20-3850399      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GOBER, MELVYN S.D.D.S.  
12515 N. KENDALL DRIVE, SUITE 412  
MIAMI, FL 33186 US

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:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: TOWNCARE DENTAL PART, NERSHIP, INC.  
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 S. GOBER

PRES

07/03/2006

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