

# 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:**

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

**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