2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L05000113085

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