

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113085

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13195 SW 134 STREET  
2ND FLOOR  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13195 SW 134 STREET  
2ND FLOOR  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-3850399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOBER, MELVYN S.D.D.S.  
13195 SW 134TH STREET  
2ND FLOOR  
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: MGRM  
Name: TOWNCARE DENTAL PARTNERSHIP, INC.  
Address: 13195 SW 134 STREET 2ND FLOOR  
City-St-Zip: MIAMI, FL 33186

I hereby 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 GOBER

MGRM

03/16/2010

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