

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113085

**FILED**  
**Apr 21, 2011**  
**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:**

INTERAMERICAN CORPORATE SERVICES LLC  
2525 PONCE DE LEON BLVD.  
SUITE 1225  
CORAL GABLES, FL 33134 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: PATRICIA M. HERNANDEZ

04/21/2011

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 S. GOBER

CEO

04/21/2011

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