2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2014
Secretary of State
CC0074765136

DOCUMENT# L00000000066

Entity Name: MIDWAY DENTAL CENTER OF FORT PIERCE, L.L.C.

Current Principal Place of Business:

5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981

Current Mailing Address:

5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981

FEI Number: 65-0971271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRAWN, JAMES L
5054 SOUTH 25TH STREET
FORT PIERCE, FL 34981 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

Authorized Person(s) Detail :

Title	MGR
Name	STRAWN, JAMES L
Address	5855 MUSTANG CR
City-State-Zip:	PORT ST.LUCIE FL 34987

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES L STRAWN MGR 02/03/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date