

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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 5605 S. INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34982

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 STRAWN

PRESIDENT

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date