

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113085

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

FILED
Apr 25, 2014
Secretary of State
CC8152593902

Current Principal Place of Business:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240

Current Mailing Address:

6240 LAKE OSPREY DR.
SARASOTA, FL 34240 US

FEI Number: 20-3850399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLS, DAVID
6240 LAKE OSPREY DR.
SARASOTA, FL 34240 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: DAVID NICHOLS

04/25/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name TOWNCARE DENTAL PARTNERSHIP
L.L.C.
Address 6240 LAKE OSPREY DR.
City-State-Zip: SARASOTA FL 34240

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: DAVID NICHOLS

DIRECTOR

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date