

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90002 005 ***550.00

DOCUMENT # 583647

1. Entity Name

PALM BEACH PROSTHODONTICS, P.A.

Principal Place of Business

2521 NORTH FLAGLER DRIVE
 WEST PALM BEACH FL 33407

Mailing Address

2521 NORTH FLAGLER DRIVE
 WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1857489

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAY, HOWARD B., D. D. S.
2521 NORTH FLAGLER DRIVE
WEST PALM BEACH, FLORIDA 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, HOWARD B., D.D.S.	NAME	
STREET ADDRESS	2504 EMBASSY DR.	STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOUGH, BERNARD E., D.M.D.	NAME	
STREET ADDRESS	85 ST. JAMES COURT	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, ROY C., III, DDS.	NAME	
STREET ADDRESS	1740 TUDOR ROAD	STREET ADDRESS	
CITY-ST-ZIP	JUNO ISLES FL.	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAMARINA, MIGUEL J DDS	NAME	
STREET ADDRESS	7498 RIDGEFIELD LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33469	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Miguel J Santamarina
MIGUEL J SANTAMARINA
 Signature and typed or printed name of signing officer or director

7/12/00
 Date

(561) 883-6676
 Daytime Phone #

CF 104-1000