

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90115 007 ***150.00

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**

10034894



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1857489		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required!	
City & State		City & State		Zip		Country	

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, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. 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 33489			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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **7/12/03 561 833-6676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)