

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600421 ✓

1. Entity Name  
SOUTHEAST FLORIDA DENTAL GROUP P.A.

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90496 006 \*\*\*150.00

Principal Place of Business Mailing Address  
SOUTHEAST FLORIDA DENTAL GROUP P.A.  
12900 NE 17 AVE #500  
NO. MIAMI, FLORIDA 33181

A0042845

2. Principal Place of Business 3. Mailing Address  
12900 NE 17 AVE  
Suite, Apt. #, etc. SAME  
500  
City & State City & State  
NO. MIAMI, FL. SAME

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country  
33181 DADE SAME SAME

4. FEI Number Applied For  
59-121-8473 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

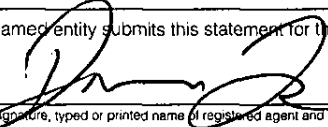
## 6. Name and Address of Current Registered Agent

ROBERT GRUMET DDS  
12900 NE 17 AVE #500  
NO MIAMI, FL 33181

## 7. Name and Address of New Registered Agent

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  (VICE PRESIDENT) 3/27/01  
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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

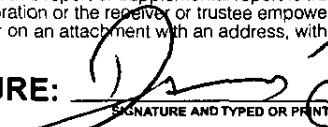
## 11. OFFICERS AND DIRECTORS

|                |                                                     |
|----------------|-----------------------------------------------------|
| TITLE          | PRESIDENT <input type="checkbox"/> Delete           |
| NAME           | ROBERT A. GRUMET DDS                                |
| STREET ADDRESS | 12900 NE 17 AVE #500                                |
| CITY-ST-ZIP    | NO MIAMI, FL 33181                                  |
| TITLE          | VICE PRESIDENT <input type="checkbox"/> Delete      |
| NAME           | DAVID B. ZIONTS D.M.D.                              |
| STREET ADDRESS | 12900 NE 17 AVE #500                                |
| CITY-ST-ZIP    | NO MIAMI, FL 33181                                  |
| TITLE          | SECRETARY/TREASURER <input type="checkbox"/> Delete |
| NAME           | MARVIN S. LEVINSON D.M.D.                           |
| STREET ADDRESS | 12900 NE 17 AVE #500                                |
| CITY-ST-ZIP    | NO MIAMI, FL 33181                                  |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |
| TITLE          | <input type="checkbox"/> Delete                     |
| NAME           |                                                     |
| STREET ADDRESS |                                                     |
| CITY-ST-ZIP    |                                                     |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| 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:  (VICE PRESIDENT) 3/27/01 305-891-0608  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)