

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90688 030 \*\*\*150.00

**DOCUMENT # F02000001828**

1. Entity Name  
**AMERICAN DENTAL CARE, INC.**



Principal Place of Business  
**11111 KATY FREEWAY, SUITE 406**  
**HOUSTON TX 77079**

*new Address*

Mailing Address  
**11111 KATY FREEWAY, SUITE 406**  
**HOUSTON TX 77079**

*new Address*

2. Principal Place of Business  
**11757 Katy Freeway**  
Suite, Apt. #, etc.  
**800**

City & State  
**Houston**

Zip  
**TX.** Country  
**USA**

3. Mailing Address  
**11757 Katy Freeway #800**  
Suite, Apt. #, etc.  
**800**

City & State  
**Houston TX.**

Zip  
**77079** Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **76-0327607**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROSILLO, FRANK**  
**8600 N.W. 53 TERRACE #201**  
**MIAMI FL 33166**

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

SIGNATURE

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

(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P** ☐ Delete  
**MAZZINI, MICHAEL**  
**1635 KELLIWOOD OAKS**  
**KATY TX 77450**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-9-03**

Date

**713-784-9696**

Daytime Phone #

CR2E034 (10/02)