

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17900

1. Entity Name
MEADOWS DENTAL ASSOCIATES, P.A.

Principal Place of Business
4987 RINGWOOD MEADOW
SARASOTA FL 34235
US

Mailing Address
4987 RINGWOOD MEADOW
SARASOTA FL 34235
US

2. Principal Place of Business
4987 Ringwood meadow

3. Mailing Address
4987 Ringwood meadow

City & State
Sarasota FL

City & State
Sarasota FL

Zip Country
34235 Sarasota

Zip Country
34235 Sarasota

May 01, 2001 3:00 PM
Secretary of State
FILED
01 JUN 11 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE
05-01-2661 90107 019 150.00

4. FEI Number 65-0035352 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SANDERS, WALTER
13910 NORTH DALE MABRY HWY
SUITE ONE
TAMPA FL 33618

7. Name and Address of New Registered Agent
Name: Mike Rie's
Street Address (P.O. Box Number is Not Acceptable): 4837 SWIFT RD # 210
City: Sarasota FL Zip Code: 34231

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] DATE: _____
Signature of old or proposed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, MARY I. DMD 4987 RINGWOOD MEADOW SARASOTA FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] DATE: 4-23-01 DAYTIME PHONE #: 941-377-2659

CR2034 (10/00)