

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**  
 04-28-2001 90055 039 \*\*\*158.75

0281383

**DOCUMENT # K95232**

1. Entity Name  
**CHILDREN'S DENTISTRY, P.A.**

Principal Place of Business      Mailing Address

~~3355 BURNS RD~~  
~~101~~  
~~PALM BEACH GARDENS FL 33410~~  
~~US~~

~~3355 BURNS RD~~  
~~101~~  
~~PALM BEACH GARDENS FL 33410~~

**960903**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**200 VILLAGE SQUARE CROSSING**      **5839 WHIRLAWAY RD**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 101**      ~~5839~~

City & State      City & State

**P Bch Gdns FL**      **Palm Bch Gdns FL**

4. FEI Number      Applied For

**65-0123520**      Not Applicable

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

6. Name and Address of Current Registered Agent

~~O'HARA, PATRICK M.~~  
~~324 DATURA ST~~  
~~SUITE 100~~  
~~WEST PALM BEACH FL 33410~~

7. Name and Address of New Registered Agent

Name      **OSCAR R BENDECK**

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

**5839 WHIRLAWAY RD**

**PALM Bch GARDENS FL**      Zip Code **33418**

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]*      **OSCAR R. BENDECK**      DATE: **4-20-2001**

Signature, typed or printed 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.  (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	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BENDECK, OSCAR R</b>	
STREET ADDRESS	<del>3355 BURNS RD #101</del>	
CITY-ST-ZIP	<b>PALM BEACH Gdns FL 33410</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MIRNA, BENDECK</b>	
STREET ADDRESS	<del>3355 BURNS RD 101</del>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33410</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BENDECK, JESSICA</b>	
STREET ADDRESS	<del>3355 BURNS RD 101</del>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33410</b>	
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	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENDECK, OSCAR R.</b>	
STREET ADDRESS	<b>200 Village SQUARE CROSSING, Suite 101</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FLA 33410</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENDECK MIRNA</b>	
STREET ADDRESS	<b>200 Village SQUARE CROSSING, Suite 101</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FLA 33410</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENDECK, JESSICA</b>	
STREET ADDRESS	<b>200 Village SQUARE CROSSING, Suite 101</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FLA 33410</b>	
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: *[Signature]*      **OSCAR R. BENDECK**      DATE: **4/20/2001**      Daytime Phone #: **561 626-4887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)