
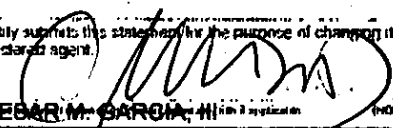



FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90142 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74608			
1. Entity Name ATLANTIC DENTAL ARTS, INC.			
Principal Place of Business 612 N HUDSON ST ORLANDO, FL 32808		Mailing Address 612 N HUDSON ST ORLANDO, FL 32808	
2. Principal Place of Business		3. Mailing Address	
State, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-3010097		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRICONE, GAIL J 612 N HUDSON STREET ORLANDO, FL 32808		Name Cesar M. Garcia, III Street Address (P.O. Box Number is Not Acceptable) 121 Variety Tree Circle City Altamonte Springs FL Zip Code 32714	
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 obligation of, registered agent.			
SIGNATURE  CEGAR M. GARCIA, III		DATE 3/13/2003	
FILE NOW! FEE IS \$150.00 REAR MAY 1, 2003 FEE WILL BE \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRICONE, GAIL J 8312 FRENCH OAK DRIVE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael D. Witcher 819 Thompson Ridge Road Gainesville GA 30501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, C.M. XXXXXXXXXXXXXXXXXXXX 121 VARIETY TREE CIR ALTAMONTE SPRINGS, FL 32714000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 contained 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  MICHAEL D. WITCHER		DATE February 28, 2003	

CRRE004 (10/02)