| 2001 | UNIFORM BUSIN | NESS REPO | RT | (UBR) | | C 1 | FILEI |) 0.00 | | CEEpHOC |
|--|--|-------------------------------------|---------------|-------------------------|-------|--------------------------------|---|----------------------------|--------------|----------------|
| DOCUMENT # N0000001219 1. Entity Name | | | | | | Sep 1 Seci | 0, 2001 retary o | ช:บบ f Stat | am e | č |
| NOVA S | SOUTHEASTERN UNIVERSITY (| COLLEGE OF DENTA | L M | (1 | A | 09-10 |)-2001 90052 04 | 4 ****61.25 | | |
| Principal Plac | e of Business | Mailing Address | | | | | | | | |
| 3200 SOUTH UNIVERSHT DRIVE 3200 SOUTH UNIVERSHT DRIVE FT. LAUDERBALE FL 33328 FT. LAUBERDALE FL 33328 | | | | | | - | | | | |
| ALL C | CORRESPONDANCE | E TO REGIS | J. J. | eo Au | EN? | | 11 11 11 11 11 11 11 11 11 11 11 11 | 1812) (1818 1884) | | |
| | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | | HENSCHEL, AN Suite, Apt. #, etc. | OF | W S | | D | O NOT WRITE IN THIS | COACE | | |
| 951 | | | フャ | a st. | | יט | U NOT WAITE IN THIS | SPACE | | |
| City & Stat | | , City & State | | | | 4. FEI Number | | 727 | plied For |] |
| ∕∨. И. Р. Zip | 3 PH Country | J.M.B. FL | | ntn. | | 65-100 | 5074 | | t Applicable | ł |
| 33162 | - U.S.A | 33162 | Cou Cou | `` ^ ^ . | 1 | 5. Certificate of Statu | s Desired | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current Re | gistered Agent | | - | | 7. Name and Addres | ss of New Registered | l Agent | | 1 |
| | \checkmark | | | Name | | | | | | |
| HENSCH | EL, ANDREW S | • | | Street Addre | ss (F | P.O. Box Number is No | t Acceptable) | | | |
| | 67TH STREET | | ļ | | | | | | | 1 |
| SUITE 20 | 5 BEACH FL 33162 | | ŀ | City | | | | Zip Code | | 1 |
| | | | | · | | | F | <u> </u> | | |
| • | named entity submits this statement for th | e purpose of changing its re | egistere | d office or regi | stere | ed agent, or both, in the | state of Florida. | | | { |
| 19. | | | | | | | i | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | title if applicable (NOTE, 5 | Panintarna | Agent signature req | uicod | when reinstating) | DATE | | | ł |
| | Signature, typed of printed figure of registered agent and | the ill applicable. (NOTE: F | | - Adenit ziğiratore ied | uiieo | when remaining) | UAIE | | | } |
| | FILE NOW: FEE IS 61.25 ember 12, 2001, min. will be \$236 | 9. Election Camp Trust Fund Cor | | | | \$5.00 May Be Added to Fees | | ck Payable ent of State | | |
| 10. | OFFICERS AND DIREC | CTORS | 11. | | Α | DDITIONS/CHANGES | TO OFFICERS AND I | DIRECTORS IN | 10 | 1 |
| TITLE | PD | ☐ Delete | TITLE | | | | | Change | Addition | <u></u> |
| NAME CTOTET ADDRESS | RAGAN, MICHAEL 1151 N. BUCKNER BOULEVARD, # | 1400 1400 | NAME | T ADDRESS | | | | | | 7 (5 |
| STREET ADDRESS CITY-ST-ZIP | DALLAS TX 75218 | ·4UZ | | ST-ZIP | | | | | | CR2E037 (5/01) |
| TITLE | VO | □ Delete | TITLE | | | | | Change | ☐ Addition | 183 |
| NAME | SHERWOOD, KEITH | | NAME | | | | | | | Ι, |
| STREET ADDRESS | 11905 JENNIFER WAY | | | T ADDRESS | | ~ | | , | | ~ |
| CITY-ST-ZIP | COOPER CITY FL 33026 | | ₽— | ST-ZIP | | | | Channe | - Addition | |
| TITLE NAME | MEISTER, MALCOLM | ☐ Delete | TITLE NAME | I | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 3000 ISLAND BOULEVARD, APT. 2 | 704 | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | AVENTURA FL 33160 | | CITY- | ST-ZIP | | | | | | 1 |
| TITLE | | ☐ Delete | TITLE | 1 | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAME STREE | T ADDRESS | | | | | | } |
| CITY-ST-ZIP | | ı | | ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | 1 |
| NAME | | | NAME | | | | | | | |

STREET ADDRESS

Change

8/15/01 954-262-7325

☐ Addition

CITY-ST-ZIP

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 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 617, 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.

TITLE NAME STREET ADDRESS

Delete

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

1 F 12 II 14 - 1