

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001219

1. Entity Name

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF DENTAL M

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90052 044 \*\*\*\*61.25

Principal Place of Business

3200 SOUTH UNIVERSITY DRIVE  
 FT. LAUDERDALE FL 33328

Mailing Address

3200 SOUTH UNIVERSITY DRIVE  
 FT. LAUDERDALE FL 33328

ALL CORRESPONDANCE TO REGISTERED AGENT

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

951 N.E. 167th ST.

City & State

N.M.B., FL

Zip

33162

Country

USA

Suite, Apt. #, etc.

951 NE 167th ST.

City & State

N.M.B., FL

Zip

33162

Country

USA

4. FEI Number

65-1005074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENSCHEL, ANDREW S  
 951 NE 167TH STREET  
 SUITE 205  
 N. MIAMI BEACH FL 33162

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.

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 \$61.25  
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

PD  
 RAGAN, MICHAEL  
 1151 N. BUCKNER BOULEVARD, #402  
 DALLAS TX 75218

TITLE ☐ Delete

VD  
 SHERWOOD, KEITH  
 11905 JENNIFER WAY  
 COOPER CITY FL 33026

TITLE ☐ Delete

SD  
 MEISTER, MALCOLM  
 3000 ISLAND BOULEVARD, APT. 2704  
 AVENTURA FL 33160

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 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.

SIGNATURE:

SIGNATURE REQUIRED

8/15/01 954-262-7325

CR2E037 (5/01)