

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90549 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049569

1. Entity Name
ANN M. DIBELLA, D.M.D., P.A.

DO NOT WRITE IN THIS SPACE

80127091

2. Principal Place of Business
415 S. FEDERAL Hwy

3. Mailing Address
SAME

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

City & State
LAKEWORTH FL

City & State

4. FEI Number
59-3647976

Applied For
 Not Applicable

Zip
33460

Country
USA

Zip

Country

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

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7. Name and Address of Current Registered Agent

Name ANN M. DIBELLA

Street Address (PO Box Number is Not Acceptable)
415 S. FEDERAL Hwy # 1

City LAKEWORTH FL Zip Code 33460

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$190.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 PSTD
NAME DIBELLA ANN M
STREET ADDRESS 415 S. FEDERAL Hwy
CITY-ST-ZIP LAKEWORTH, FL 33460

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02
Date

CR2E0348 (12/01)