FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Po10000601622

1. Entity Name

SHERRIE CROSSEN DDS MSD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 75 NE 6TH AVENUE SUITE 112	Suite, Apt. #, etc.
City & State DELRAY BEACH FL	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1120744 — Applied For / Not Applicable

Zip 33483	Country PALM BEACH	Zip	Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LINDSEY DOMINO

Street Address (P.O. Box Number is Not Acceptable)
75 NE 6TH AVENUE, SUITE 112

City
DELRAY BEACH   FL   Zip Code 33483

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 obligations of registered agent.

SIGNATURE

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

4-2-03
3-3-03

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE		TITLE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SHERRIE L. CROSSEN DDS 2566 AVENUE AU SOLIEL GULFSTREAM, FL 33483	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6000153162 76 04/04/03--01045--008 **150.00
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3-3-03   561-276-3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

STF FL32381F.1