09-11-2002 90103 005 ***550.00
P01000084879

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 20 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084879

1. Entity Name

Premier Dental Care, Inc.

DO NOT WRITE IN THIS SPACE

09/11/02-90103-005 -$550.00

2. Principal Place of Business	3. Mailing Address
15495 Eagle Nest Lane	15495 Eagle Nest Lane
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.: Suite 110
City & State: Miami Lakes, FL	City & State: Miami Lakes, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number 65-1134050 ☐ Applied For ☐ Not Applicable

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: Richard Storfer

Street Address (P.O. Box Number Is Not Acceptable): 100 N.E. 3rd Avenue, Suite 610

City: Ft. Lauderdale FL Zip Code: 33301

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: Richard Storfer (Signature of new registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

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 $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, President Donna Lipton 15495 Eagle Nest Lane #110 Miami Lakes, FL 33014
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CR2E034B (12/01)

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: Donna Lipton Donna Lipton 9-6-02 305-778-9875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #