

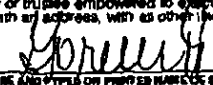


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**FORM 1003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|------|
| DOCUMENT # P0200026057 | |  | |
| 1. Entity Name MEDICAL & DENTAL SERVICES MANAGEMENT, INC. | | | |
| Principal Place of Business 17519 SW 115 AVE MIAMI, FL 33157 | | Mailing Address 17519 SW 115 AVE MIAMI, FL 33157 | |
| 2. Principal Place of Business 17519 SW 115 Av. Suite, Apt., etc. Miami, FL City & State | | 3. Mailing Address Suite, Apt., etc. City & State | |
| 4. FEI Number 01-0624202 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired 33157 Dade | | 8. Additional Fee Required \$8.75 | |
| 6. Name and Address of Current Registered Agent RDA, MAR 11A 17519 SW 115 AVE MIAMI FL 33157 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 8. The above listed 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 | | DATE | |
|  | | 3/29/03 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| TITLE | NAME | TITLE | NAME |
| | 10A, MAR 11A | | |
| STREET ADDRESS | 17519 SW 115 AVE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33157 | CITY-ST-ZIP | |
| TITLE | NAME | TITLE | NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | TITLE | NAME |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | TITLE | NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| 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 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 Block 11 (if applicable) in an attachment with an address, with as other the empowered. | | | |
| SIGNATURE:  | | DATE: 3/29/03 | |

55028272



CHECK HERE IF MAKING CHANGES

CR2E004 (10/02)