

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90887 039 ***150.00

~~2000~~
~~2000~~-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000273

1. Entity Name
THE DENTAL PLACE, P.A.

Principal Place of Business 4800 NW 7TH AVENUE MIAMI FL 33127
Mailing Address 4800 NW 7TH AVENUE MIAMI FL 33127-2304

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0387695 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

ELLIS, JACQUELINE E
1745 NE 137TH TERRACE
NORTH MIAMI, FL 33181

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

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

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2000 Fee will be \$200.00
None Credit Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ELLIS, JACQUELINE E
STREET ADDRESS 1745 NE 137TH TERRACE
CITY - ST - ZIP NORTH MIAMI FL 33181

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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)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JACQUELINE ELLIS Date: 4/29/2002

CR2004 (0499)