

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000024416

FILED  
Apr 02, 2002 8:00 AM  
Secretary of State

**Entity Name:** LIGHTHOUSE POINT DENTAL GROUP, P.A.

**Current Principal Place of Business:**

2211 E. SAMPLE RD.  
SUITE 203  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

6883 QUEENFERRY CIR.  
BOCA RATON, FL 33496

**New Mailing Address:**

6345 NW 26TH TERRACE  
BOCA RATON, FL 33496

**FEI Number:** 65-0824560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLOMON, STANFORD R  
400 NORTH ASHLEY DR. STE. 3000  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: FENDRICH, LAURENCE E  
Address: 6883 QUEENFERRY CIR.  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: FENDRICH, LAURENCE E  
Address: 6345 NW 26TH TERRACE  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE E. FENDRICH

DR

04/02/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date