2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90072 020 ***158.75

DOCUMENT # P98000038536

1. Entity Name
ANDREAS BESSENROTH, DMD, INC.

Principal Place of Business	Mailing Address
1784 N. CONGRESS AVE.. STE. 105 W. PALM BEACH FL 33409	1784 N. CONGRESS AVE.. STE. 105 W. PALM BEACH FL 33409

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2601 N. FLAGLER DR.	2601 N. FLAGLER DR
Suite, Apt. #, etc.: 215 Suite	Suite, Apt. #, etc.: SUITE 215
City & State: W. PALM BEACH, FL.	City & State: W. PALM BEACH
Zip: 33407 Country: U.S.A.	Zip: FL Country: U.S.A

4. FEI Number 65-0836832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BESSENROTH, ANDREAS
101 N. CLEMATIS ST. #407
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: BESSENROTH, ANDREAS
Street Address (P.O. Box Number is Not Acceptable): 233 COSTELLO RD
City: W. PALM BEACH FL Zip Code 33405

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] ANDREAS BESSENROTH 1-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BESSENROTH, ANDREAS ~~101 N. CLEMATIS ST. #407~~ ~~WEST PALM BEACH FL 33401~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	233 COSTELLO RD W. PALM BEACH, Fl. 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ANDREAS BESSENROTH 1-20-03 561-835-0702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)