

2000 UNIFORM BUSINESS REPORT (UBR)

Apr. 4/14/00

DOCUMENT # **99000049391**
 Entity Name **LeCompte Orthodontics, PA**

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address *same*
3890 Turtle Creek Drive Suite A
Pl. Orange FL 32127

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

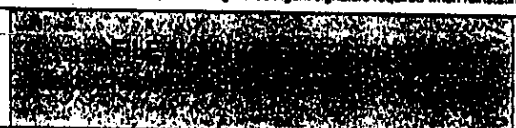
DO NOT WRITE IN THIS SPACE
04/24/00 90170 031 #50.00
 4. FEI Number **59-3578 526** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
Dr. E. Joseph LeCompte
3890 Turtle Creek Dr. Suite A.
Pl. Orange FL 32127

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



MANAGING MEMBERS/MEMBERS	
<input checked="" type="checkbox"/> E. Joseph LeCompte, D.D.S., M.S. 3890 Turtle Creek Drive Suite A Pl. Orange FL 32127	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003251012--3 -05/12/00--01104--001 ***100.00 ***100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Handwritten Signature]*

CR2000-13 (9/99)

E. JOSEPH Lecompte, D.D.S., M.S., P.A.



Specialist in Orthodontics

 Diplomate, American Board of Orthodontics

April 18, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

re: LeCompte Orthodontics, PA
EIN 59-3578526

To Whom It May Concern:

Please find enclosed the balance of the UBR fee for our Sub-S Corporation. We had previously filed, however, we enclosed an incorrect amount of \$50. The enclosed \$100. is the balance of the correct fee of \$150 for filing our corporate report for 2000.

Should you have any questions, please contact Denise at my office.

Sincerely,

Dr. Joseph LeCompte

EJL/vw