

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S65731

FILED
Aug 05, 2002
Secretary of State

Entity Name: GARY H. MICHAELSON, D.M.D., P.A.

Current Principal Place of Business:

11907 EAST COLONIAL DRIVE
ORLANDO, FL 32826

New Principal Place of Business:

1870 N ALAFAYA TRAIL
ORLANDO, FL 32826

Current Mailing Address:

11907 EAST COLONIAL DRIVE
ORLANDO, FL 32826

New Mailing Address:

1640 ROCKALE LOOP
LAKE MARY, FL 32746

FEI Number: 59-3073585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSSINSKY, MARC P.
210 NORTH WYMORE ROAD
WINTER PARK, FL 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: D () Delete
Name: MICHAELSON, GARY H., DMD
Address: 11907 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MICHAELSON, GARY H., DMD
Address: 1640 ROCKDALE LOOP
City-St-Zip: LAKE MARY, FL 32746

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: GARY MICHAELSON

DR

08/05/2002

Electronic Signature of Signing Officer or Director

Date