

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90033 004 ***150.00

DOCUMENT # 474472**1. Entity Name**
PERIODONTAL ASSOCIATES OF NORTH FLORIDA, P.A.**Principal Place of Business****1614 W PLAZA DR
TALLAHASSEE FL 32308
US****Mailing Address****1614 W PLAZA DR
TALLAHASSEE FL 32308
US****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**59-1603028**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****ZAKARIN, ROBERT A.
1614 W. PLAZA DR.
TALLAHASSEE FL 32308****7. Name and Address of New Registered Agent**

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 restate)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** PD ☒ Delete
NAME ZAKARIN, ROBERT A.
STREET ADDRESS 1614 W PLAZA DR
CITY-ST-ZIP TALLAHASSEE FL 32308**TITLE** VST ☐ Delete
NAME BALDOCK, WILLIAM T. p
STREET ADDRESS 1614 W PLAZA DR
CITY-ST-ZIP TALLAHASSEE FL 32308**TITLE** ☐ Delete
NAME Walter E. Colon DMD
STREET ADDRESS 1614 W. Plaza Drive
CITY-ST-ZIP Tallahassee, FL 32308 S**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #