2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 516927

ALPERT, MARTIN,

100 LAKESHORE

ALTAMONTE SPRINGS, FL

Name:

Address:

City-St-Zip:

FILED Apr 06, 2003 Secretary of State

Entity Name: MARTIN J. ALPERT, D.M.D., P.A.							
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 112	SHORE DR TE SPRGS, FL	. 32714					
Current Mailing Address:				New Mailing Address:			
SUITE 112	SHORE DR TE SPRGS, FL	. 32714					
FEI Number:	59-1697188	FEI Number Applied For ()	FEI Number No	t Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ALPERT, MARTIN 100 LAKESHORE DR ALTAMONTE SPRGS, FL 32714				ALPERT, MARTIN 100 LAKESHORE DR # 112 ALTAMONTE SPRGS, FL 32714			
The above in the State		ubmits this statement for the p	ourpose of chang	ging its registered	d office or registered agent, or b	oth,	
SIGNATURE: MARTIN J ALPERT				04/06/2003			
	Electron	c Signature of Registered Age	ent		Date		
		Trust Fund Contribution ().					
OFFICERS	S AND DIREC	rors:	ADDI	TIONS/CHANGE	S TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	PVD () ALPERT, MART 100 LAKESHOR ALTAMONTE SR	E DR	Title: Name: Addres City-St		() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () GREEAR, HUMI 321 MAITLAND ALTAMONTE SI	AVE.	Title: Name: Addres City-St	ALPERT, MA s: 100 LAKESH	(X) Change ()Addition ARTIN J DR. HORE DRIVE E SPRINGS FL, FL 32714 US		
Title: Name: Address: City-St-Zip:	D () GOLUB, LAWRI 430 N MILLS AV ORLANDO, FL		Title: Name: Addres City-St		()Change ()Addition		
Title:	T ()	Delete	Title:		() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARTIN J ALPERT **PVD** 04/06/2003