FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 537760 1. Entity Name MICHAEL ECHOLS, D.D.S., P.A.					Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90038 028 ***150.00			
Principal Place	newselves the estition	Mailing Address	र इस्तानिक र	*. *. *.				
Principal Place of Business 6300 WHISKEY CREEK DRIVE FORT MYERS FL 33919		6300 WHISKEY CREEK DRIVE FORT MYERS FL 33919			Standard Managara, and the standard of the sta			
2 Principal F	Place of Business	3. Mailing Address						
a. Trinopartiaco o Basiness		. Mailing Address			, 100:01 51:05 1111: 10E(1 10E(1 5111: 551) 5121; B	·=·· •·•·· •·•··)1611 BIBIT 1651	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number Applied For Not Applicable			
Zip Country		Zip Country		5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent		7. 1	Name and Address of New Registered A		<u> </u>	
ECHOLS, MICHAEL 6300 WHISKEY CREEK DRIVE			Street Addres	dress (P.O. Box Number is Not Acceptable)				
FT MYER	S FL 33919	City			FL	Zip Code	e	
8. The above	e named entity submits this statement for	the purpose of changing its re	gistered office or regis	tored an				
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta						
11.	OFFICERS AND D		12.	AC	DITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADORESS CITY-ST-ZIP	ECHOLS, MICHAEL 6300 WHISKEY CREEK DRIVE FT MYERS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee encryword or on an attachment with an address with a decident and a deci	rue and accurate and that my	signature shall have th	e same l	119.07(3)(i), Florida Statutes. I further cert legal effect as if made under oath; that I a da Statutes; and that my name appears in	m an officer i	or director	