

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90181 036 \*\*\*150.00

**DOCUMENT # 551712**

1. Entity Name  
**LARRY S. BUHRMAN, D.D.S., P.A.**



Principal Place of Business  
**1500 E. HILLSBORO BLVD.  
SUITE 101  
DEERFIELD BEACH FL 33441**

Mailing Address  
**1500 E. HILLSBORO BLVD.  
SUITE 101  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address  
**6981 NW 70th ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PARKLAND FL**

Zip

Country

Zip  
**33067**

Country

**USA**

4. FEI Number **59-1778233**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUHRMAN, LARRY S  
1500 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUHRMAN, LARRY S DDS 1500 E. HILLSBORO BLVD. DEERFIELD BEACH FL</b> <input type="checkbox"/> Delete <i>6981 NW 70th ST PARKLAND FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BUHRMAN, MELANIE 1500 E. HILLSBORO BLVD DEERFIELD BEACH FL</b> <input type="checkbox"/> Delete <i>6981 NW 70th ST PARKLAND FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Signature Required* **1-27-03 954-5715-2552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)