2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 576800 1. Entity Name

FILED Jan 20, 2001 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWER, JACK J. DDS 4950 LEJEUNE ROAD SUITE **C** CORAL GABLES FL 33146 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 sole if applicable. 9. This comporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE POWER, JACK J. DDS 4550 LIJEUNE ROAD CORAL GABLES FL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE POWER, JACK J. DDS 4560 LIJEUNE ROAD CORAL GABLES FL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE POWER, JACK J. DDS 4560 LIJEUNE ROAD CORAL GABLES FL 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE POWER, JACK J. DDS 4560 LIJEUNE ROAD CORAL GABLES FL 11. OFFICERS AND DIRECTORS 15. ANAME 15. ANAM	JACK J.	POWER, D.D.S., P.A.					01-20)-2001 900	019 013 ***	150.00	
Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Fee Required For Address of New Registered Agent Name POWER, JACK J. DDS 4950 LEJEUNE ROAD SUITE C' CORAL GABLES FL 33146 City FL Zip Code City FL Zip Code City FL Zip Code Sinear Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code FEE Required FEE State File NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fe Sinear Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. The BOOMER, JACK J. DDS Sinear Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fe Sinear Address (P.O. Box Number is Not Acceptable) FL Zip Code Trust Fund Contribution. Added to Fe Added to Fe Address (P.O. Box Number is Not Acceptable) FL Zip Code Trust Fund Contribution. Added to Fe Address (P.O. Box Number is Not Acceptable) FL Zip Code Trust Fund Contribution. Added to Fe Address (P.O. Box Number is Not Acceptable) FL Zip Code After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Added to Fe Address (P.O. Box Number is Not Acceptable) FL Zip Code Address (P.O. Box Number is Not Acceptable) FL Zip Code Address (P.O. Box Number is Not Acceptable) FL Zip Code Address (P.O. Box Number is Not Acceptable) FL Zip Code Address (P.O. Box Number is Not Acceptable) FL Zip Code Address (P.O. Box Number is Not	4950 LEJEUNE SUITE "C"	ROAD	4950 LEJEUNE ROAD SUITE "C"	4950 LEJEUNE ROAD SUITE "C"		_			000	0678	8
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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 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 697. 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: JACK J. POWER D.D.S.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jack from sos

1-9-01

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