

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90071 003 ***150.00

DOCUMENT # 583647

1. Entity Name

PALM BEACH PROSTHODONTICS, P.A.

Principal Place of Business

**2521 NORTH FLAGLER DRIVE
 WEST PALM BEACH FL 33407**

Mailing Address

**2521 NORTH FLAGLER DRIVE
 WEST PALM BEACH FL 33407**

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

59-1857489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KAY, HOWARD B., D. D. S.
 2521 NORTH FLAGLER DRIVE
 WEST PALM BEACH, FL 33407**

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 reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAY, HOWARD B., D.D.S.	
STREET ADDRESS	2504 EMBASSY DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KEOUGH, BERNARD E., D.M.D.	
STREET ADDRESS	85 ST. JAMES COURT	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAKE, ROY C., III; DDS	
STREET ADDRESS	1740 TUDOR ROAD	
CITY-ST-ZIP	JUNO ISLES FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANTAMARINA, MIGUEL J DDS	
STREET ADDRESS	7498 RIDGEFIELD LANE	
CITY-ST-ZIP	LAKE WORTH FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

Daytime Phone #

CR2E034 (9/01)