

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90038 046 ***150.00

DOCUMENT # 598686

1. Entity Name
JOSEPH E. MALONEY, D.M.D., P.A.

| | |
|--|--|
| Principal Place of Business 301 EBBTIDE DRIVE SUITE C N. PALM BEACH FL 33408 | Mailing Address 301 EBBTIDE DRIVE SUITE C N. PALM BEACH FL 33408 |
|--|--|

| | |
|--------------------------------|--------------------|
| 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 59-1869698 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**MALONEY, JOSEPH E.
 301 EBBTIDE DRIVE
 N. PALM BEACH MH FL 33408**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) 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, 2001 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | MALONEY, JOSEPH E | | |
| 301 EBBTIDE DRIVE | 301 EBBTIDE DRIVE | | |
| N. PALM BEACH FL | N. PALM BEACH FL | | |
| ST | MALONEY, YVONNE, B | | |
| 301 EBBTIDE DR | 301 EBBTIDE DR | | |
| N PALM BEACH FL | N PALM BEACH FL | | |
| | | | |
| | | | |
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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 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: *Joseph E. Maloney* *Yvonne B Maloney* *4/24/01* *561-844-0715*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)