

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90095 048 ***550.00

0001243 AV

DOCUMENT # 600669

1. Entity Name

COASTAL ORAL & COSMETIC SURGICAL CENTER, P.A.



Principal Place of Business

**855 MASON AVENUE
DAYTONA BEACH FL 32117-0449**

Mailing Address

**855 MASON AVENUE
DAYTONA BEACH FL 32117-0449**

2. Principal Place of Business

549 Health Blvd

Suite, Apt. #, etc.

3. Mailing Address

549 Health Blvd.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Daytona Bch, FL

City & State
Daytona Bch, FL

4. FEI Number
59-1226840

Applied For
☐ Not Applicable

Zip
32115

Country
USA

Zip
32115

Country
USA

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

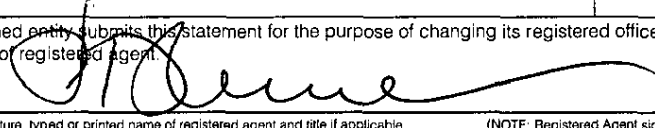
6. Name and Address of Current Registered Agent

**FLEUCHAUS, P T
855 MASON AV<ENUE
DAYTONA BEACH FL 32117-0449**

7. Name and Address of New Registered Agent

Name **FLEUCHAUS, P.T.**
Street Address (P.O. Box Number is Not Acceptable)
549 HEALTH BLVD.
City **DAYTONA BEACH** FL Zip Code **32115**

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
7-22-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FLEUCHAUS, P T**
STREET ADDRESS **855 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **SD** ☐ Delete
NAME **GAINES, R T**
STREET ADDRESS **855 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 00000**

TITLE **TD** ☐ Delete
NAME **AKERS, J**
STREET ADDRESS **855 MASON AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
NAME **Schalit, Curtis**
STREET ADDRESS **549 Health Blvd.**
CITY-ST-ZIP **Daytona Beach, FL 32115**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

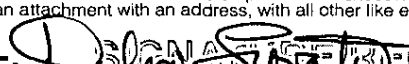
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/03 (386)
252 6438 43**

CR2E034 (4/03)