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

DOCUMENT # 600669

1. Entity Name
COASTAL ORAL & COSMETIC SURGICAL CENTER, P.A.

Principal Place of Business	Mailing Address
855 MASON AVENUE DAYTONA BEACH FL 32117-0449	855 MASON AVENUE DAYTONA BEACH FL 32117-0449

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
549 Health Blvd	549 Health Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Bch, Fl	City & State: Daytona Bch, Fl.
Zip: 32115 Country: USA	Zip: 32115 Country: USA

4. FEI Number 59-1226840 ☐ 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
FLEUCHAUS,P T 855 MASON AV<ENUE DAYTONA BEACH FL 32117-0449	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 _____ 7-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLEUCHAUS,P T 855 MASON AVE DAYTONA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Schalit, Curtis 549 Health Blvd. Daytona Beach, Fl. 32115	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAINES, R T 855 MASON AVE DAYTONA BEACH, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AKERS, J 855 MASON AVE DAYTONA BEACH, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Delea Schalit REQUIRED 7/21/03 (386) 252 6438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)