2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601283

1. Entity Name

RONALD M. GITTESS D.D.S., P.A.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90017 043 ***150.00

Principal Place of Business

N. KENDALL DRIVE
FL 33156

Mailing Address

7400 N. KENDALL DRIVE
MIAMI FL 33156-7706

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1268432 — 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
GITTESS, RONALD M. 7400 N. KENDALL DR. MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD GITTESS,RONALD M 14520 SW 84 AVE. MIAMI FL ADDRESS / ST-ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
SD GITTESS, ROBERT A 2526 GOLF VIEW DR FT.LAUDERDALE FL ADDRESS / ST ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
ADDRESS / ST ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
ADDRESS / ST-ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
ADDRESS / ST ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
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CR2E034 (9/99)

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 — 2/17/00 — 305-670-4144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #