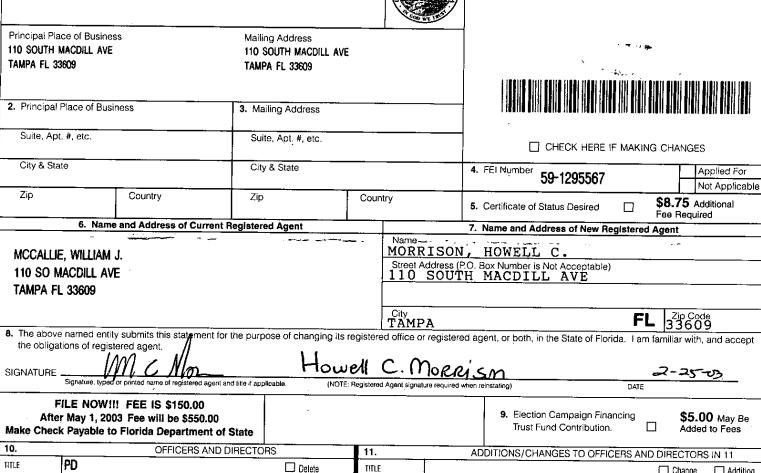
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

602183 DOCUMENT

1. Entity Name

MORRISON AND MCCALLIE, D.D.S., P.A.



☐ Addition NAME MCCALLIE, WILLIAM J. NAME STREET ADDRESS 110 S. MACDILL AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE DST Delete TITLE Change ☐ Addition NAME MORRISON, HOWELL C. NAME STREET ADDRESS 110 S. MACDILL AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE RE SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Addition

FILED

03-03-2003 90490 006 ***150.00

Mar 03, 2003 8:00 am § Secretary of State