

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604667

1. Entity Name
~~JOSEPH H. SPINGARN, D.D.S., P.A.~~
 J. SPINGARN AND R. CHERRY D.D.S., P.A.

Principal Place of Business
 7797 N UNIV DR #201
 TAMARAC FL 33321

Mailing Address
 7797 N UNIV DR #201
 TAMARAC FL 33321

FILED

02 OCT -7 PM 3:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 59-1479001

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

~~Old agent of~~
~~ZIMMERMAN, ROSS E~~
~~7797 N UNIVERSITY DR STE 100~~
~~TAMARAC FL 33321~~

New one -
 BORKSON, Elliot P.
 500 E. Broward Blvd
 Suite 1800
 Ft. LAUD, FL 33394

Name Borkson, Elliot P.
 Street Address (P.O. Box Number is Not Acceptable)
 500 E. Broward Blvd
 Suite 1800
 City Fort Lauderdale FL Zip Code 33394

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.
 Elliot Borkson ELLIOT BORKSON

9/11/2002

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, SECY SPINGARN, JOSEPH 7797 N UNIV DR 201 TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Pres. CHERRY, Robert 7797 N. Univ Dr 201 TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

3. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/02 857 7229339