

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000000721

1. Entity Name
ORTHODONTIC EDUCATION, LTD.



APPROVED
AND
FILED

03 JUN 25 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH FL 32082**

Mailing Address
**5000 SAWGRASS VILLAGE CIRCLE, STE. 28
PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*** DUE BY MAY 1, 2003**

4. FEI Number

32-0016241

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

**LEGLER, MITCHELL W
KIRSCHNER & LEGLER, P.A.
300A WHARFSIDE WAY
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions **\$2,500,000.00**
as Shown on record.

10. Amount of Capital Contributions **6,000,000.00**
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P02000055388**
NAME **ORTHODONTIC EDUCATION COMPANY**
STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE, STE. 28**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

STREET ADDRESS

CITY-ST-ZIP

900021131829

06/25/03--01034--003 **526.25

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0005800 AT