

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000000501

FILED  
May 01, 2003  
Secretary of State

Entity Name: DENTOVATIONS, INC.

## Current Principal Place of Business:

2502 ROCKY POINT DRIVE, SUITE 1000  
TAMPA, FL 33607

## New Principal Place of Business:

ONE DEVONSHIRE PLACE  
1606  
BOSTON, MA 02109 US

## Current Mailing Address:

2502 ROCKY POINT DRIVE, SUITE 1000  
TAMPA, FL 33607

## New Mailing Address:

ONE DEVONSHIRE PLACE  
BOSTON, MA 02109 US

FEI Number: 41-2044918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DARRELL C  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BROWN, DAMON  
Address: 2502 ROCKY POINT DRIVE, SUITE 1000  
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete  
Name: SMITH, DARRELL C  
Address: 2502 ROCKY POINT DRIVE, SUITE 1000  
City-St-Zip: TAMPA, FL 33607

Title: CD ( ) Delete  
Name: DIASTI, ADAM DDS  
Address: 2502 ROCKY POINT DRIVE, SUITE 1000  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: PHILP, GRAHAM DDS  
Address: 2502 ROCKY POINT DRIVE, SUITE 1000  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM DIASTI

CD

05/01/2003

Electronic Signature of Signing Officer or Director

Date