

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F59582**

1. Entity Name
DAN B. HENRY, D.D.S., P.A.



**FILED
Mar 12, 2003 8:00 am
Secretary of State**

03-12-2003 90090 020 ***150.00



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**C/O DAN B. HENRY, D.D.S.
4627 N. DAVIS HWY., BLDG. A
PENSACOLA FL 32503**

Mailing Address
**C/O DAN B. HENRY, D.D.S.
4627 N. DAVIS HWY., BLDG. A
PENSACOLA FL 32503**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Zip Country
Country

4. FEI Number 59-2148657	Applied For
	Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENRY, DAN B., D.D.S.
4627 N DAVIS HWY
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name 	City FL	Zip Code
Street Address (P.O. Box Number is Not Acceptable) 		

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME HENRY, DAN B	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4627 N DAVIS HWY BLDG A	CITY-ST-ZIP PENSACOLA FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03 850-477-1120

Date

Daytime Phone #

CR2E034 (10/02)