

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004714

1. Entity Name

Orthodontic Centers of Florida, Inc.

FILED

02 NOV 27 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1488 Apalachee Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

3850 N. Causeway Blvd  
Suite, Apt. #, etc.  
Suite 800

DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee FL  
32301

Country  
US

City & State  
Metairie LA  
70002

Country  
US

4. FEI Number

72-1277097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

National Registered Agents

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

526 E. Park Avenue

City

Tallahassee

FL

Zip Code

32301

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)

☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President & Director Bart Palmisano Sr 3850 N. Causeway Blvd #800 Metairie LA 70002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Bart Palmisano Jr. 3850 N. Causeway Blvd #800 Metairie LA 70002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Thomas Sandeman 3850 N. Causeway Blvd #800 Metairie LA 70002
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ed Walters 4513 Perkins Rd Eaton Ridge, LA 70808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Aston Ryan 909 Paydus St #100 New Orleans LA 70112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Pam Vigner 141 Robert E. Lee Blvd New Orleans LA 70124

TITLE NAME STREET ADDRESS CITY - ST - ZIP	700009247807 11/27/02--01110--002 **150.00
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bart Palmisano Jr

Bart Palmisano Jr, Secretary 11-22-02

504.834.4392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



November 22, 2002

Florida Department of State  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Orthodontic Centers of Florida, Inc.  
FEI #72-1277097  
Uniform Business Report/Annual Report

To Whom It May Concern:

Please be advised that our company did not receive our UBR report this year in the mail. We have enclosed the completed UBR report with the \$150.00 fee per your instructions. Would you kindly reinstate our company's standing.

If you have any questions, please do not hesitate to contact me.

Sincerely,

  
Bart F. Palmisano, Jr.  
Secretary

BFPjr/wb  
Enclosure