المح^الين المساور المساور

FÖR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	DMILOKM BOZIM	ESS REPORT	r (U	BR)			
DOCUMENT # F96 00000519 1. Entity Name					FILED		
VFD of Pennsylvania, Inc.						02 JUL 17 PN 12: 21	
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business C/o Monarch Dental Corporation 3. Mailing Address c/o Monarch Denta						SECRETARY OF STATE TALLAHASSEE, FLORIDA 3000065977834 -07/23/0201070030 *****550.00	
c/o Mon	narch Dental Corporat	3. Mailing Address c/c	o Moi	narch Dent	a 1 (Corporation	
Suite, Ap 15950 1	ot.#,etc. Tollway Plaza I No. Dallas Pky, #825	Suite, Apt. #, etc. 650 Internation			-	DO NOT WRITE IN THIS SPACE	
City & St Dallas		City & State				El Number Applied For	
Zip 7524	Country	Richardson, 7	Cour	USA		B-2818443 Not Applicable sertificate of Status Desired Sa.75 Additional Fee Required	
" , 					7. Nar	me and Address of Current Registered Agent	
	DO NOT W	DITE		Name CT Co		ration System	
	DO NOT WRITE				P.O. Bo	ox Number is Not Acceptable)	
IN THIS SPACE				1200 500		ine Island Rd.	
				City		Zin Code	
8. The above named entity submits this statement for the purpose of changing its re				Plant			
'		The power of one origing to	, 05150	od omet or register	cu age	n, or both, in the State of Florida.	
SIGNATURE	Signature, typed or purited name of registered agent a	Bryon, Sprind And.	Redistero	d Agent signature required	when rein	7-17-02	
9. This core	poration is eligible to satisfy its Intangible		ay 1 Fe	e is \$150.00		DATE.	
After May 1, F (filing requirement and elects to do so. (See criteria on back) After May 1, F Make Check Payable 1				s \$61.25	e	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
11.	: OFFICERS AND						
TITUE NAME	W. Barger Tygart	,	NAME				
STREET ADDRESS CITY+ST+ZIP	Eladoress c/o Monarch Dental Corporation Toll Jabel 中华 大						
NAME STREET ADDRESS CITY-ST-ZIP	VP/T/S Lisa K. Peterson NAMESS Same as above 15950 host Oalin Pas sire						
TITLE	VP	Negreti to Alay	TITLE				
NAME STREET ADDRESS	Timothy J. Kriske IS	20142 TX BOYE 950 North Oalland	NAME	T ADDRESS			
CITY-ST-ZIP	same as above	Mulm El KOLK		ST-ZIP		DO NOT WRITE	
THE	١	CONTRACTOR TO THE TOTAL OF	TITLE			IN THIS SPACE	
NAME STREET ADDRESS			NAME STREE	T ADDRESS	e de la		
CITY-ST-ZIP				ST-71P	-		
TITLE NAME			TITLE				
STREET ADDRESS			NAME STREE	T ADDRESS			
CITY-ST-ZIP			СПҮ-	ST-ZIP			
TITLE NAME			TITLE				
STREET ADDRESS			STREE	F ADDRESS			
of the cor		wered to execute this report		ption stated in Sect		0.07(3)(i). Florida Statutes. I further certily that the information all effect as if made under oath; that I am an officer or director a Statutes; and that my name appears in Block 11 or on an	
SIGNATURE: Lisa K. Peterson, Vice President (/25/02 (972) 361-							
-			PINEUIU	n		Date Daytime Phone € 8420	

FL210 - 2/26/2002 C T System Online