

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000005549

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: DENTAL CARE ALLIANCE, INC.

**Current Principal Place of Business:**

1 S. SCHOOL AVENUE  
SUITE 1000  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

1 S. SCHOOL AVENUE  
SUITE 1000  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 65-0555126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATZKIN, STEVEN R  
1343 MAIN ST, 7TH FLR  
SARASOTA, FL 34236      US

**Name and Address of New Registered Agent:**

MATZKIN, STEVEN R  
1S. SCHOOL AVE, STE 1000  
SARASOTA, FL 34237      US

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: STEVEN MATZKIN      04/29/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MATZKIN, STEVEN R  
Address: 1343 MAIN ST, 7TH FLR  
City-St-Zip: SARASOTA, FL 34236

Title: V      ( ) Delete  
Name: OLAN, MITCH  
Address: 1343 MAIN STREET, 7TH FLOOR  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: MATZKIN, STEVEN R  
Address: 1 S. SCHOOL AVE, STE 1000  
City-St-Zip: SARASOTA, FL 34237

Title: V      (X) Change ( ) Addition  
Name: OLAN, MITCH  
Address: 1 S. SCHOOL AVE, STE 1000  
City-St-Zip: SARASOTA, FL 34237

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: STEVEN MATZKIN      P      04/29/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date