

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2003 8:00 am**  
**Secretary of State**

08-13-2003 90078 011 \*\*\*550.00

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**DOCUMENT # F97000002611**

**1. Entity Name**  
**AESTHETIC & IMPLANT DENTISTRY OF NAPLES, INC.**



**Principal Place of Business**  
**3400 TAMiami TRAIL NORTH STE 301**  
**NAPLES FL 34103-3717**

**Mailing Address**  
**3400 TAMiami TRAIL NORTH STE 301**  
**NAPLES FL 34103-3717**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**4. FEI Number** **52-1934565**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MATTSCHER, MARCELO W DDS**  
**3400 TAMiami TRAIL NORTH STE 301**  
**NAPLES FL 34103-3717**

Name

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

City

**FL**

Zip Code

**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.** *ERROR (no changes) (BUTTER)*

**SIGNATURE** *Dr. Marcelo W. Matscher, President Aesthetic & Implant Dentistry of Naples, Inc.* **DATE** *8/8/2003*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CEO** ☐ Delete  
**NAME** **MATTSCHER, MARCELO W DDS**  
**STREET ADDRESS** **4751 GULF SHORE BLVD N #1003**  
**CITY-ST-ZIP** **NAPLES FL 34103**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **P** ☐ Delete  
**NAME** **ARENA, DAWN M DDS**  
**STREET ADDRESS** **4751 GULF SHORE BLVD N#1003**  
**CITY-ST-ZIP** **NAPLES FL 34103**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:** *Dr. Dawn M. Arena Matscher, DDS*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *DAWN M. ARENA MATTSCHER, DDS*  
**DATE** *8/8/2003* **Daytime Phone** *(239) 468-4688*

CR2E034 (4/03)