2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G25819

City-St-Zip:

MIAMI, FL

Entity Name: BENTON C. ROTHFIELD, D.D.S, P.A.

FILED Apr 08, 2002 8:00 AM Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	N C. ROTHFI TH VENETIA 33139				
Current Mailing Address:			New Mailing Address:		
% BENTO 1021 NOR MIAMI, FL	N C. ROTHFI TH VENETIA 33139	ELD, DDS N DR			
FEI Number	: 59-2264481	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	LD, BENTON TH VENETIA 33139				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
	_	o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	,) Delete BENTON C., ,DDS /ENETIAN DR	Title: Name: Address:	()Change ()Addition	

City-St-Zip:

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: DR. BENTON C. ROTHFIELD PD 04/08/2002