

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90062 037 \*\*\*150.00

DOCUMENT # G33704

1. Entity Name

ORAL HEALTH SERVICES, INC.

Principal Place of Business

5775 NW BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126

Mailing Address

5775 NW BLUE LAGOON DRIVE  
SUITE 400  
MIAMI FL 33126

2. Principal Place of Business

100 Mansell Court East

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

City & State  
Roswell GA

City & State

Zip  
30076

Country  
US

Zip

Country

4. FEI Number 59-1958717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	CPD SHAPIRO, STANLEY D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	VCD LEVINE, HOWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	D HILINSKI, SCOTT F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE NAME	CD TIE SHUE, HENRY C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5775 BLUE LAGOON DR SUITE 400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	S BERMAN, MARLA I.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5775 BLUE LAGOON DRIVE #400	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	D GORMAN, MICHAEL A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	50 KENNEDY PLAZA	
CITY-ST-ZIP	PROVIDENCE RI 02903	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	C David R. Klock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE NAME	PD Phyllis A. Klock	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE NAME	SO Bruce A. Mitchell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE NAME	TO Keith J. Koder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	100 Mansell Court East, Suite 400	
CITY-ST-ZIP	Roswell, GA 30076	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Mitchell

Date

1/17/01

Daytime Phone #

770 998 8936

CR2E034 (10/00)

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