2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2003 8:00 am Secretary of State

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DOCUMENT # G88912 1. Entity Name CARL LEO DAFFIN, D.D.S., P.A.				04-02-2003 90388 032 ***150.0	O	
Principal Plan	ce of Business	Mailing Address				
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1394 TIMBERLANE RD. 1394 TIMBERLANE RD.				,		
TALLAHASSE		TALLAHASSEE FL 32312		I lookid man langs and bank and bank and a		
IALLAHASSE	E FL 32312	INLLMINGSEE PE 32312				
2. Principal Place of Business 3. Mailing Address		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING .		
City & State		City & State		4. FEI Number 59-2388956		
Zip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Ag		
			Name			
DAFFIN, CARL LEO						
3394 TIMBERLANE RD.			Street Add	dress (P.O. Box Number is Not Acceptable)		
	. ` . `		 			
LIALLAHA	SSEE FL 32312					
			City	FL Zip Code.		
		·				
- Do algove	named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and ac-		
2 100 00 ga	tens of registered agent	The Marie Street of the London				
S North Con-			West Victorian			
al allocations:	Signature, typed or printed heme of registered agent an	d trie if applicable (NOTE	Registered Agent signature	a recould when the state of the	- }	
		13 - 3	Kitter Land		- T	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Floriga Department of \$	State	Section Sectio	8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	2	
10.	OFFICERS AND D	<u></u>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	-∤`	
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2. 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 trustae 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:

<u>SIGNATURE REQUIRED</u>

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(850)813-546

Daytime Phone t