

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55552

1. Entity Name

L.G. JAMES, D.M.D., PROFESSIONAL ASSOCIATION

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90044 041 ***150.00

Principal Place of Business

4100 S HOSPITAL DR
STE 208. THE MEDICAL III BLDG
PLANTATION FL 33317

Mailing Address

4100 S HOSPITAL DR
STE 208. THE MEDICAL III BLDG
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2549495

Applied For

Not Applicable

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

SMITH, H. T.
1017 NW 9TH CT
MIAMI FL 33136

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
JAMES, L. G., D.M.D.
4100 S HOSPITAL DR, #208
PLANTATION FL



Delete

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

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CITY-ST-ZIP
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JAMES, L. G., D.M.D.
4100 S HOSPITAL DR, #208
PLANTATION FL



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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:

L. G. JAMES D.M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

(954) 791-6700

Daytime Phone #

CR2E034 (10/00)