

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90033 027 ***150.00

DOCUMENT # **501199** ✓
1. Entity Name
NORMANDY DENTAL, INC.

DO NOT WRITE IN THIS SPACE

80058574

2. Principal Place of Business 1543 KINGSLEY AVENUE		3. Mailing Address	
Suite, Apt. #, etc. BUILDING # 19		Suite, Apt. #, etc.	
City & State ORANGE PARK FL.		City & State	
Zip 32073	Country U.S.A.	Zip	Country
4. FEI Number 59-2647610		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name DANIEL P. BUNYI, D.M.D.		
	Street Address (P.O. Box Number is Not Acceptable) 1543 KINGSLEY AVE.		
	BUILDING 19		
City ORANGE PARK		FL	Zip Code 32073

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 resigning.) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DANIEL P. BUNYI, D.M.D. 1543 KINGSLEY AVE. BLDG. #19 ORANGE PARK, FL. 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/26/02** **(904) 269-1973**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)