

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

FILED
May 30, 2003 8:00 am
Secretary of State

04-29-2003 90073 036 ***150.00

4/21

DOCUMENT # J01199	
1. Entity Name Normandy Dental, Inc. dba Optimum Dental Care Center	

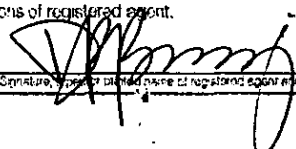
J0044317

2. Principal Place of Business 1543 Kingsley Ave Bldg. # 19 City & State Orange Park, Fl. Zip 32073 Country Clay	3. Mailing Address 1543 Kingsley Ave Bldg. # 19 City & State Orange Park Fl. Zip 32073 Country Clay
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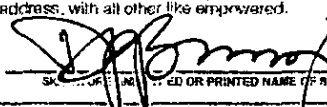
DO NOT WRITE IN THIS SPACE

4. FEI Number 592647610	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <u>Daniel P. Bunyi DMD</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1543 Kingsley Ave Bldg # 19</u>	
City <u>Orange Park, Florida</u>	Zip <u>32073</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent Signature required when registering)	DATE
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>Daniel P. Bunyi, DMD (P)</u> <u>1543 Kingsley Ave. Bldg 19</u> <u>Orange Park, Fl. 32073</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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 10 or on an attachment with an address, with all other like empowered.	
	<u>March 31, 2003</u>
SIGNATURE OF REGISTERED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR	Date

CR2E034B (12/02)