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

4/2!

04-29-2003 90073 036 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01199

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

J3044917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1543 Kingsley Ave		1543 Kingsley Ave	
Suite, Apt. #, etc. Bldg. # 19		Suite, Apt. #, etc. Bldg. # 19	
City & State: Orange Park, Fl.		City & State: Orange Park Fl.	
Zip: 32073	Country: Clay	Zip: 32073	Country: Clay

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: Daniel P. Bunyi DMD

Street Address (P.O. Box Number is Not Acceptable): 1543 Kingsley Ave. Blgd. # 19

City: Orange Park, Florida 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) Daniel P. Bunyi. DMD 1543 Kingsley Ave. Bldg 19 Orange Park, Fl. 32073	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2003
Date Daytime Phone #