

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81739

FILED
Apr 05, 2008
Secretary of State

Entity Name: UNIVERSITY DENTAL GROUP, P.A.

Current Principal Place of Business:

% PAUL YANTORNI
4051 NORTH DEAN RD.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

% PAUL YANTORNI
4051 NORTH DEAN RD.
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-2817960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M.
430 N. MILLS AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YANTORNI, PAUL, D.D., S.
Address: 3881 GOLDEN MEADOW CT
City-St-Zip: OVIEDO, FL 32765

Title: VSTD () Delete
Name: FENTERS, RICHARD A, JR, DMD
Address: 140 STONE HILL DRIVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL YANTORNI

PD

04/05/2008

Electronic Signature of Signing Officer or Director

Date