

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90483 001 \*\*\*450.00

0453888 AV

**DOCUMENT # K08428**

1. Entity Name  
**FAMILY DENTAL CARE ASSOCIATES, P.A.**



Principal Place of Business  
**10627 RIVERCREST DRIVE  
RIVERVIEW FL 33569**

Mailing Address  
**1102 W. CASS ST.  
TAMPA FL 33606**



2. Principal Place of Business

3. Mailing Address  
**3410 HENDERSON Blvd**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33609**

Country  
**USA**

4. FEI Number  
**59-2866691**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KAVOUKLIS, MICHAEL N.  
1000 NORTH ASHLEY DRIVE  
SUITE 604  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

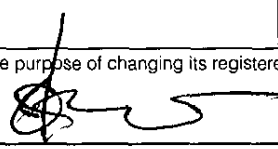
Street Address (P.O. Box Number is Not Acceptable)  
**3410 HENDERSON Blvd**

City  
**TAMPA**

FL

Zip Code  
**33609**

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  DATE **3.11.03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
D	KAVOUKLIS, NICHOLAS M.	2433 WEST PROSPECT ROAD	TAMPA FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  DATE **4.7.03** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)