2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K32121 DOCUMENT

1. Entity Name

JEROME B. PERLMUTTER, D.D.S., P.A.

Principal Place of Business JEROME BL PERLMUTTER D.D.S. P.A. 1975 SOUTH U.S. 1 FORT PIERCE FL 34950 US				Mailing Address JEROME B. PERLMUTTER. D.D.S. P.A. 1975 SOUTH US 1 FORT PIERCE FL 34950 US								
2. Principal P	Place of Busin	ess	3. Mailing Address					F 100/1011/ 089 11/10 11001 (1016 1106)	DE RIBIL BEBRI		IBIH DIBIH HEBA	
Suite, Apt.	. #, etc.	4	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-0069942 Applied For Not Applicab				
Zip Country		Zip		Cour	Country		Certificate of Status Desired		3.75 Add			
	6. Name	and Address of Current	Register	ed Agent	·		7.	Name and Address of New Regi	stered Age	ent		
A4 0 VA/ A4	OFNEO INIO				_	Name -		1			7	
ONE DAT	GENTS, INC RAN CENTR	- 4			Street Address (P.O. Box Number is Not Acceptable)							
9100 S D/ MIAMI FL	adeland Bi 33156	LVD -				City				Zip Code		
	e named entity		or the purp	ose of changing its	register	ed office or register	ed ag	gent, or both, in the State of Florida	a. I am fam	iliar with,	and accept	
SIGNATURE	7. S.											
		or printed name of registered agent ! FEE IS \$150.00	and title if app	oficable. (NOT	E: Registere	d Agent signature required	i when r	einstating)	DATE	.		
Äfte	r May 1, 200	3 Fee will be \$550.00 Florida Department o	f State					9. Election Campaign Finance Trust Fund Contribution.	eing 🔲	\$5.0 Added	May Be I to Fees	
10.	1	OFFICERS AND	DIRECTO	PRS	11.		ΑĽ	DDITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	i i	1] Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERLMUTT 1975 S US	er, kathleen		□ Delete] Change	Addition	
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12. I hereby of indicated of the corchanged,	certify that the I on this report rporation or th , or on an atta	information supplied with to supplemental leport is e leceiver or trustee empo criment with an address,	this filing true and owered to will all of	does not qualify for accurate and that r execute this report prolike empowered.	r the exer ny signat as requir	mption stated in Se ture shall have the s red by Chapter 607	ction same ', Flori	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	ther certify that I am opears in B	that the ir an officer ock 10 or	or director Block 11 if	

SIGNATURE:

FILED

03-27-2003 90066 031 ***150.00

Mar 27, 2003 8:00 am & Secretary of State