2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K63438 1. Entity Name

KAMILLA SZTANKO, D.M.D., P.A.

SZTANKO, KAMILLA

3830 TAMPA ROAD

PALM HARBOR 34684

9. This corporation is eligible to satisfy its Intangible

SZTANKO, KAMILLA

PALM HARBOR FL

SZTANKO, KAMILLA

PALM HARBOR FL

3549 SHORELINE CIR

3549 SHORELINE CIR.

Tax filing requirement and elects to do so.

SUITE 100

(See criteria on back)

DMD

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

11.

Principal Place of Business 3830 TAMPA RD. Suite 100 PALM HARBOR FL 34684		Mailing Address 3830 TAMPA RD. Swite 100 PALM HARBOR FL 34684-5619	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

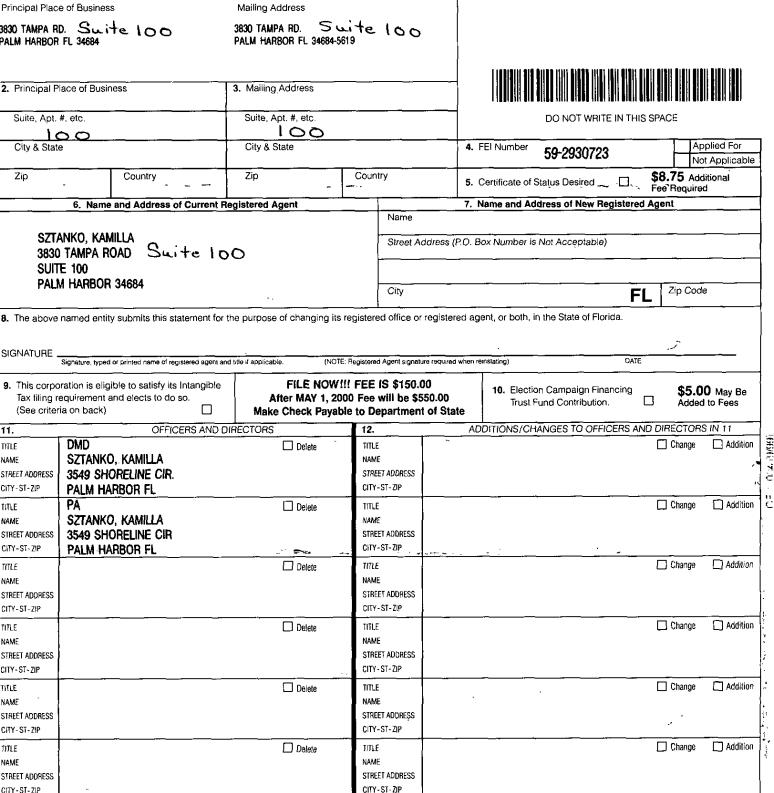
Signature, typed or printed name of registered agent and title if applicable.

Suite 100

OFFICERS AND DIRECTORS

Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90045 048 ***150.00



13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

12.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR