2

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED Jan 15, 2003 8:00 am Secretary of State

1. Entity Name SUZANNE ABERGEL, D.D.S., P.A.				01-15-2003 90246 039 ***150.00	
Principal Place of Business 8760 S.W. 92ND STREET SUITE 103 MIAMI FL 33176		Mailing Address 8780 S.W. 92ND STREET SUITE 103 MIAMI FL 33176			
2. Principal Place of Business		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0155240 Applied For Not Applied	
Zip 	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
ABERGEL,	Suzanne, D.D.S., P.A. 92nd Street		Name Street A	ddress (P.O. Box Number is Not Acceptable)	
				Cer	
MIAMI FL 33143 The above named entity submits this statement for the purpose of changing its the obligations of registered agent.			City	A,C FL Zip Code	
FI After Make Check	Signature, typed or printed name of registered age LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department		OTE: Registered Agent signatu	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD ABERGEL, SUZANNE 1780 S.W. 92ND STREET STE. MAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 direct changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED