

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90430 016 \*\*\*150.00

**DOCUMENT #** L59217

**1. Entity Name**

Video Dental Concepts, Inc.

636485

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

Video Dental Concepts

**3. Mailing Address**

110 E Granada Blvd.

Suite, Apt. #, etc.  
Suite 207

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ormond Beach, FL

City & State

**4. FEI Number**

593007861

Applied For  
Not Applicable

Zip  
32176

Country  
U.S.A.

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Claude D. Berthoin

Street Address (P.O. Box Number is Not Acceptable)

110 E Granada Blvd., Ste. 207

City  
Ormond Beach

FL

Zip Code  
32176

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Claude D. Berthoin  
300 Oak Drive  
Ormond Beach, FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

Daytime Phone #

CR2E034B (12/01)