

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 010 ***150.00

DOCUMENT # L65187

1. Entity Name
ORAL SURGERY ASSOCIATES, CHARTERED

Principal Place of Business 3695 BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH FL 33436	Mailing Address 3695 BOYNTON BEACH BLVD SUITE 5 BOYNTON BEACH FL 33428-1760
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9960 CENTRAL PALM BLVD. So. # 301	3. Mailing Address Suite, Apt. #, etc. ← 301
Suite, Apt. #, etc. # 301	Suite, Apt. #, etc. ← 301
City & State Boca Raton, Florida	City & State ← 301
Zip 33428	Country FLORIDA

4. FEI Number 65-0187691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**GREENBERG, SCHILIAN PA
 1098 NW BOCA RATON BLVD
 STE 1
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent
 Name: **Jeffrey L. Greenberg**
 Street Address (P.O. Box Number is Not Acceptable):
**4800 N. Federal Highway
 # 304D**
 City: **Boca Raton** FL Zip Code: **33431**

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]* **Jeffrey L. Greenberg** DATE: **4/26/00**
Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D FUHR, ALLAN H. DDS 3695 BOYNTON BCH BLVD #5 BOYNTON BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9960 CENTRAL PALM BLVD So. SUITE #301 BOCA RATON, FL. 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* **Allan H. Fuhr** Date: **4/27/00** Daytime Phone #: **(561) 852-9966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)