## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

2080 OLD DOMINION ROAD

## L66770 DOCUMENT #

1. Entity Name

Principal Place of Business

7000 NW 17TH ST #102

NATIONAL DENTAL PROGRAMS, INC.



**FILED** Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90066 016 \*\*\*150.00

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2. Principal Place of Business			<b>3.</b> Mai	3. Mailing Address					#15 01117 #1111 1861 LEO		<b>                                   </b>	61 <b>5</b> 11 <b>515</b> 11 10 <b>6</b> 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			4.	6541189923				pplied For ot Applicable	7
Zip Country					Country		5.	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	ed Agent			7.	Name and A	ddress of New Re	gistered	Agent		1
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7000 NW 17TH ST #102					Street Address (			Box Number i	is Not Acceptable)				
PLANTAT	10N FL 333	13											
					City				FL	Zip Cod	e		
	e named entity tions of registe	submits this statement for ered agent.	or the purp	ose of changing its i	egistere	ed office or re	gistered ag	gent, or both,	in the State of Flor	ida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if app	licable. (NOTE	Registere	d Agent signature	required when r	reinstating)	<u> </u>	DATE	•		
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After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State						iion Campaign Fina Fund Contribution	~ _		May Be	
10.		OFFICERS AND	DIRECTO	IRS	11.		A[	DDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATTRED GNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR