∞2 <u>′</u> 900	UNIFORM BUS	INESS REP	ORT (	UBR		APPROVEL AND		:	
DOCUMENT # L9700000130						FILED			
1. Entity Name PALM BEACH DENTAL SUPPLIES, L.C.				<b>4</b> )		00 MAY -9 AM 10: 32			
	<b>\</b>		• •	_		SECRETARY OF ST	ATE		
Principal Place of Business Mailing Address						TALLAHASSEE, FLO	HUA		
11380 PROSPERITY FARMS ROAD 11380 PROSPERITY FAR SUITE 217 SUITE 217			RMS ROAD	MS ROAD					
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS F				165		<b>                                    </b>	<b>TO</b> KK <b>AT</b> IK <b>Ciki</b> K <b>ia</b>	<b>a</b> 1/11 <b>111</b> 1 <b>11</b>	
2. Principal Place of Business 3		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State			4. FEI Number 65-0728398 Applied For			
Zip Country		Zip	Zip Country		5 Certifi	5 Certificate of Status Desired \$5.00 Additional			
-	6. Name and Address of Current	Registered Agent	ered Agent			7. Name and Address of New Registered Agent			
T1 1510 4 A A 11	<u></u>			Name					
THEIMANN, DIETER A 11380 PROSPERITY FARMS ROAD				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 217			_						
PALM BEACH GARDENS FL 33410				City	FL Zip Code				
8. The above	named entity submits this statement for	or the purpose of changing i	its registered	office or re	gistered agent, o	r both, in the State of Florida.		,	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (No	OTE: Registered A	gent signature r	required when reinstatin	g)	ATE		
72/6//		FILE I	NOW!!! FE	E IS \$50	0.00				
	•	Make Check F	Payable to I	Departme	ent of State				
9.	MANAGING MEME		10.			ADDITIONS/CHAN		Addition 8	
TITLE.	MGRM SPAETH, ELMAR DR  BBS ADALBERT-STIFTER-STR. 17A, 63452 HANAU, GERMANY				,		Change		
STREET ADDRESS CITY-ST-ZIP				ADDRESS	П				
TITLE		☐ Delete	TITLE NAME	MGN	ANNETTE	- HOOS-SPAETH	/ Change	Addition	
STREET ADDRESS				ADDRESS	OALIBERT.	- HOOS-SPAETH STIFTER-STR. 17. HANAN GERMI	14 12		
CITY-ST-ZIP TITLE		Detete	TITLE	6	5771 <i>F</i> 17	HAMAN GURPH	Change	Addition	
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CITY-ST-ZIP			CITY-81	- ZIP			Change	Addition	
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STREET ANDRESS			STREET CITY-\$1	ADDRE8\$  - ZIP		30000327: -06/36/30-	-010740	25 1	
TITLE NAME		☐ Delete	TITLE NAME			*****50.00	Thange I	O. Syldditton	
STREET ADDRESS				ADDRESS					
TITLE		☐ Delete	TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>		Change	Addition	
NAME STREET ADDRESS	,		NAME STREET	ADDRESS					
CITY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify	for the exemn	ntion stated	Lin Section 119.0	7(3)(i), Florida Statutes, I furthe	er certify that the	information	
indicated	on this report is true and accurate and bility company or the receiver or truste	d that my signature shall hav se empowered to execute thi	e the same le	egal effect a	as if made under	oath: that I am a managing m	ember or manage	er of the	
010114	Ologias	SPIETH FUDE REOL	MRED	)	•	212212000	h	SEE	
SIGNAT	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING MANAGIN	IG MEMBER OR I	MANAGER		Date	Phone #		