

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002961

1. Entity Name

MARK D. HUZYAK, D.M.D., P.L.

FILED

01 JAN 12 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4 6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4
ORLANDO FL 32819 ORLANDO FL 32819

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3553535

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUZYAK, MARK D

6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4

ORLANDO FL 32819

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MEM
STREET ADDRESS HUZYAK, MARK D DMD
CITY-ST-ZIP 6068 SOUTH APOPKA-VINELAND ROAD, SUITE 4
ORLANDO FL 32819

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
400003575114-4
-01/25/01--01084--027
*****50.00 *****50.00

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-9-2001

Date

407 363 7624

Daytime Phone #

CR2E083 (11/00)