## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900002431  1. Entity Name A+ DENTAL, L.L.C.							APPROVED AND FILED						
A+ DE	NIAL, L.L.	.C.						00	APR I	8 AM	9: 39		
Principal Place of Business Mailing Address 4122 ROWAN ROAD 4122 ROWAN ROAD NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 346								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
					2		i . <del>1</del>				* \#*	_	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address	3. Mailing Address			DO NOT WRITE IN THIS SPACE						
			- Suite, Apt. #, etc.										
City & State			City & State				4. FEI Number Applied For Not Applied For Not Applied Not Applied For						
Zip	Zip Country		Zip	Coun	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required						
	6. Nam	e and Address of Cui	rrent Registered Agent				.7Name	and Address	of New Re	gistered /	Agent ,=		
					Name								
	Donald J				Street A	ddress (F	O. Box N	umber is Not Ad	ceptable)			<del></del>	
4122 ROWAN ROAD					<del></del>			<u> </u>				<del>.</del>	
NEW P	ORT RICHEY	FL 34653						. <u> </u>	·				
					City					FL	Zip Cod	de	
B. The abo	ove named ent	ity submits this stateme	ent for the purpose of chang	aina its reaister	ed office or	reaistere	ed agent, o	or both, in the Si	ate of Flori	da.	<del>_</del> .		
SIGNATUF	Signature, type	ed or printed name of registered	agent and title if applicable	(NOTE: Registere	ed Agent signat	ure required	when reinstate	10)		DATE			
			l l	LE NOW!!! eck Payable t	FEE IS \$	50.00				, to			
9.		MANAGING M	l l		FEE IS \$	50.00			DITIONS/C				
	MGR	MANAGING M	Make Che	eck Payable t	FEE IS \$	50.00			DITIONS/C		☐ Change	Addition	
NYLE	MGR KLAG, DO	Onald J	Make Che	10.	FEE IS \$ to Depart	50.00			DITIONS/C			Addition	
TITLE NAME STREET ADDRE	KLAG, DO 4122 RO	Onald J Wan Road	Make Che	10.	FEE IS \$ to Depart	50.00			DITIONS/C			Addition	
TIYLE HARGE STREET ADDRE GITY- ST-ZIP	KLAG, DO 4122 RO	Onald J	Make Che	10. TITL NAM STRI	FEE IS \$ to Departing the seed address y-st-zip	50.00			DITIONS/C		Change .		
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