

2001 UNIFORM BUSINESS REPORT (UBR)

0016724 AF

DOCUMENT # L99000007498

1. Entity Name

DENTAL ASSOCIATES OF PLANT CITY, LLC

FILED

01 MAR 15 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

512 EAST ALEXANDER STREET
PLANT CITY FL 33566

Mailing Address

512 EAST ALEXANDER STREET
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

1409 W. Brandon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

33511

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSCIN, RANDY J
512 EAST ALEXANDER STREET
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

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
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUSCIN, RANDY J
512 E. ALEXANDER ST.
PLANT CITY FL 33566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
1409 W. Brandon Blvd
Brandon FL 33511 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHREIDER, JOHN F
512 E. ALEXANDER ST.
PLANT CITY FL 33566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treas
1409 W. Brandon Blvd
Brandon FL 33511 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003912574--1
-03/27/01--01088--019
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Randy J Ruscin

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

Randy J Ruscin, Pres. 1/24/01

Date

8136811555

Daytime Phone #

CR2E083 (11/00)