2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007957

Entity Name

WATERVIEW DENTAL, L.C.



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90013 048 ****50.00

Principal Place of Business				Mailing Address									
1515 NORTH FLAGLER DRIVE. SUITE 280 WEST PALM BEACH FL 33401				1515 NORTH FLAGLER DRIVE. SUITE 280 WEST PALM BEACH FL 33401				10071011011011	. Calle Para Beat at	IANI au nia ao in'	BBING + PBIB + BIB;	[PAR 1880 1881	
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			4.	FEI Number	65-09620	66	<u></u>	plied For t Applicable	
Zip Country				Zip Country			5.	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current Reg				istered Agent				7. Name and Address of New Registered Agent					
						Name							
GERSON, GARY N 1645 PALM BEACH LAKES BLVD., SUITE 1200						Street Address (P.O. Box Number is Not Acceptable)							
WEST PALM BEACH FL 33401						City	• •				Zip Code		
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	named entity ons of regist		ent for the	purpose of changing its	registere	ed office or regis	stered aç	gent, or both, is	the State of Fi	orida. I am	familiar with,	and accept	
SIGNATURE _	Signature broad	or printed name of registered	cannt and six	de if ampliantels (AICYT	- Benistara	d Agent signature regu	i isaa uban	-1		DATE			
	- Signature, typed	or printed righte or registered	agent and h					einstating)		DATE			
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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 SIGNATURE AND TYPED OR PRINTED

1000 RE REQUIRED

2.19.03 5614

Daytime Phone #