

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M69793

FILED
Jan 27, 2003
Secretary of State

Entity Name: DIRECT DENTAL SERVICES, INC.

Current Principal Place of Business:

5990 SW 130TH TERRACE
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 562091
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0032203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSTEIN, MELVYN D.D.S.
5990 SW 130TH TERR
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: GREENSTEIN, MELVYN D.D.S.
Address: 5990 SW 130TH TERRACE
City-St-Zip: MIAMI, FL 33156 US

Title: VD () Delete
Name: GREEN, GEORGE D.D.S.
Address: 1700 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GREEN, GEORGE D.D.S.
Address: 1700 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVYN GREENSTEIN, D.D.S.

DPST

01/27/2003

Electronic Signature of Signing Officer or Director

Date