

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010018  
AT

DOCUMENT # M99000001281

1. Entity Name  
AMERICAN DENTAL CENTERS, LTD., L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 26 PM 1:25

*ny*



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business<br>2834 KIMBERLY LANE<br>TAMPA FL 33618 | Mailing Address<br>2834 KIMBERLY LANE<br>TAMPA FL 33618-4508 |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br>98-0143312  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |

6. Name and Address of Current Registered Agent

GRAY, D. LOCKWOOD  
201 N FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

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 \_\_\_\_\_ (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                        |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>COURTNEY, ROBERT W<br>2834 KIMBERLY LANE<br>TAMPA FL 33618 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                              |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 15 July '00 212-504-3160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)