

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90059 029 \*\*\*150.00

DOCUMENT # N0000000821

1. Entity Name

CENTRAL FLORIDA ORTHODONTIC STUDY GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4014 WEST ESTRELLA

3. Mailing Address

4014 WEST ESTRELLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number  
59-3618548

Applied For  
Not Applicable

Zip  
33629

Country

Zip  
33629

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
MICHAEL L. ABDONEY

Street Address (P.O. Box Number is Not Acceptable)  
4014 WEST ESTRELLA

City  
TAMPA

FL Zip Code  
33629

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP D  
MICHAEL ABDONEY  
4014 WEST ESTRELLA  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P D T  
DAVID L LEEVER  
9806 N 56TH STREET  
TEMPLE TERRACE, FL 33617

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S D  
DR GREGORY P SCOTT  
5110 S LAKELAND DRIVE  
LAKELAND, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DO NOT WRITE  
IN THIS SPACE

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID LEEVER

4/23/02 (013) 9889136

CR2E034B (12/01)