

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91843 047 ***150.00

DOCUMENT # *N000000000821*

1. Entity Name

Central Florida Orthodontic Study Group, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4014 W. Estrella

3. Mailing Address

4014 W. Estrella

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

59-3618548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael L Abdoney

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

4014 W Estrella

City Tampa,

FL

Zip Code
33629

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Abdoney, Michael VPD 4014 W Estrella Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leever, David L. PDT 9806 N 56th Street Temple Terrace, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> change STD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott, Gregory P SD 5110 S Lakeland Drive Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> change PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Safirstein, G. Richard TD 2700 E Bay Dr. #102 Largo, FL 33774 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 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

Day and Month

4/29/03