FILED
Jul 30, 2002 8:00 am
Secretary of State
07-16-2002 90348 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003054

1. Entity Name
Shine Dental Associates, P.A.

DO NOT WRITE IN THIS SPACE

39942

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2. Principal Place of Business	3. Mailing Address
646 W. Plymouth Avenue	646 W. Plymouth Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DeLand, FL	City & State: DeLand, FL
Zip: 32720 Country: USA	Zip: 32720 Country: USA

4. FEI Number: 650975799 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Mark Mathias, D.D.S.

Street Address (P.O. Box Number is Not Acceptable): 646 W. Plymouth Avenue

City: DeLand FL Zip Code: 32720

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: Ronald Mark Mathias PRESIDENT 7-25-02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) 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	PD
NAME	Ronald M. Mathias
STREET ADDRESS	646 W. Plymouth Avenue
CITY-ST-ZIP	DeLand, FL 32720
TITLE	DVP
NAME	Ronald M. Mathias
STREET ADDRESS	646 W. Plymouth Avenue
CITY-ST-ZIP	DeLand, FL 32720
TITLE	STD
NAME	Ronald M. Mathias
STREET ADDRESS	646 W. Plymouth Avenue
CITY-ST-ZIP	DeLand, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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: Ronald Mark Mathias 7-10-02 386-736-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #