2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90029 031 ***150.00

DOCUMENT # P00000008851

1. Entity Name

DENTAL ASSISTANCE, INC.

Principal Place of Business	Mailing Address
11911 U.S. HIGHWAY 1 SUITE 201 N. PALM BEACH, FL 33408	SAME

659370

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
510 N. E. 17TH AVE.		510 N. E. 17TH AVE.	
Suite, Apt. #, etc.: #104		Suite, Apt. #, etc.: #104	
City & State: FT. LAUDERDALE, FL		City & State: FT. LAUDERDALE, FL	
Zip: 33301	Country: BROWARD	Zip: 33301	Country: BROWARD

4. FEI Number: 65-0984132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAMARGO, TED R ESQ.
401 E. JACKSON STREET
SUITE 2650
TAMPA, FLORIDA 33602 US

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 ____________________
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) [X]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		[X] Change ☐ Addition
NAME	MURPHY, MARY C		NAME		
STREET ADDRESS	11911 U.S. HIGHWAY 1, SUITE 201		STREET ADDRESS	510 N. E. 17TH AVE., #104	
CITY - ST - ZIP	N. PALM BEACH, FL 33408		CITY - ST - ZIP	FT. LAUDERDALE, FL 33301	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BLACK, WENDI M		NAME		
STREET ADDRESS	5309 AVENAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LUTZ, FL 33549		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

[redacted]GNATURE: *[signature]* MARY C. MURPHY 04-28-01 561 758-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1