2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 031 ***150.00

659370

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000008851

1. Entity Name: DENTAL ASSISTANCE, INC.

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

Mailing Address: SAME

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

3. Mailing Address: 510 N. E. 17TH AVE.
Suite, Apt. #, etc.: #104
City & State: FT. LAUDERDALE, FL
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

CR2E034 (11/00)

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	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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.

SIGNATURE: Mary C. Murphy MARY C. MURPHY 04.28.01 321758-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1