

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90191 031 \*\*\*155.00

**DOCUMENT # P00000053264**

**1. Entity Name**  
**CONTEMPORARY ENDODONTICS INC.**



**Principal Place of Business**  
**PALM BEACH GARDENS STE 101**  
**WEST PALM BEACH FL 33410**

**Mailing Address**  
**3355 BURNS ROAD STE 101**  
**WEST PALM BEACH FL 33410**

**2. Principal Place of Business**

**PALM BEACH GARDENS, FL, 334**

**3. Mailing Address**

**3355 BURNS RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**101**

**101**

City & State

City & State

**WEST PALM BEACH, FL**

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33410**

**USA**

**33410**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 65-1018566**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SLAVESCU, GABRIEL**  
**33 BURNS ROAD STE 101**  
**PALM BEACH GARDENS FL 33410**

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)  
**3355 Burns Rd., Ste. 101**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>0</b>	<input type="checkbox"/> Delete
NAME	<b>SLAVESCU, GABRIEL</b>	
STREET ADDRESS	<b>3355 BURNS ROAD STE 101</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SICILIA SLAVESCU** **Gabriel Slavescu** **1-21-03** **561-691-4848**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)