

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064858

1. Entity Name  
LAKE QUALITY DENTAL, INC.

Principal Place of Business

2390 W OLD HWY. #441. STE 4  
MT DORA FL 32757

Mailing Address

2390 W OLD HWY. #441. STE 4  
MT DORA FL 32757

339 E. Burleigh Blvd.  
Tavares, FL 32778

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TA. HELENE P  
623 DORY LN, #K110  
ALTAMONTE SPRINGS FL 32714

4. FEI Number

59-365 8213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE D  
NAME TA, HELENE P  
STREET ADDRESS 440 Chindhill Court  
CITY-ST-ZIP Apopka, FL 32712  
ALTAMONTE SPRINGS, FL 32714

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 70000474447-9  
STREET ADDRESS -12/31/01--01040--005  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TA. HELENE P. Ta

Date

10/29/01

Daytime Phone #

352-253-1900

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 20 PM 1:40



DO NOT WRITE IN THIS SPACE

CR03415/01

**GEODON™**  
(ziprasidone HCl)

208

10/29/01

Lake Quality Dental  
339 E. Burleigh Blvd.,  
Tavares, FL 32778  
352-253-1900

10/29/01

Uniform Business Report  
Division of Corporations  
P. O. Box 1500

Tallahassee, FL 32302-1500

To Whom It May Concern,

Due to our recent move into our new office, we were not able to retrieve mail at an adequate time, therefore, were not able to pay on time. I hope that you will understand. Enclosed along with this explanation is a check of \$550.00. Please note that our new address is 339 E. Burleigh Blvd, Tavares, FL 32778. If there are any questions, please feel free to call me at 352-253-1900. Thank you for your time and understanding.

Sincerely yours,

 Pfizer

Helmut, DDS.