FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90291 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085771

1. Entity Name
THOMAS P. HALE, D.D.S, P.A.

90125991

Principal Place of Business	Mailing Address
6450 ARAGON WAY, #101 FT MYERS, FL 33912	6450 ARAGON WAY, #101 FT MYERS, FL 33912

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9180 GALLERIA CT	9180 GALLERIA CT
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34109 Country Collier	Zip 34109 Country Collier

4. FEI Number 65-1037698 ☐ 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
HALE, THOMAS P 6450 ARAGON WAY, #101 FT MYERS, FL 33912	Name HALE, Thomas P. Street Address (P.O. Box Number is Not Acceptable) 9180 GALLERIA CT #100 City NAPLES FL Zip Code 34109

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] DDS PA — 4/27/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D HALE, THOMAS P DDS 6450 ARAGON WAY, #101 FT MYERS, FL 33912	☐ Delete	D HALE, THOMAS P. 9180 GALLERIA CT #100 NAPLES, FL 34109	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] DDS PA — 4/27/03 — (239) 593-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #