2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000028036 **DOCUMENT #**

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90245 045 ***150.00

| MICHALI | HON DENTAL CARE, II | NC. | | | | | | | | |
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| Principal PI 5800 OVER MARATHON | lace of Business ISEAS HWY. STE 30 I FL 33050 | 5800 | ing Address O OVERSEAS HWY, S RATHON FL 33050 | STE 30 | | | | | | |
| 2. Principa | Il Place of Business | 3. M | ailing Address | - | | | | | | |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | _ | | | | |
| City & St | tate | Cit | y & State | | | _ | CHECK HERE I | F MAKING CH | IANGE | S |
| | | | ··· | | | 4. 8 | 65-1107696 | | | Applied For Not Applicable |
| Zìp | Country | Zip | | Count | try | 5. (| Certificate of Status Desired | □ \$8. | | dditional |
| | 6. Name and Address of C | Current Register | ed Agent | | | 7 | Name and Address of New Re | | | |
| WRIGHT, | , THOMAS D | | | | Name | | | gistered Agei | <u> </u> | |
| 9711 OVERSEAS HWY MARATHON FL 33050 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MANATH | IUN FL 33050 | | | | | | | | | |
| 8. The abov | ve named entity submits this state | ement for the pure | coop of abouting the | | City | | | | Zip Co | |
| the obliga | ve named entity submits this state ations of registered agent. | mention the part | oose or changing its | registered | a office or registe | ered age | ent, or both, in the State of Flori | da. I am famili | ar with | , and accept |
| | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of register | red agent and title if app | plicable. (NOTE | E: Registered | Agent signature require | ed when rein | netating) | | | |
| 1 | FILE NOW!!! FEE IS \$150. | 00 | | | | - | | DATE | | |
| | | | | | | | | | | |
| Atte | er May 1, 2003 Fee will be \$5 | 50.00 | | | | | 9. Election Campaign Final | ncing | \$5.0 | 00 May Be |
| Make Chec | k Payable to Florida Departn | nent of State | | | | | Election Campaign Final Trust Fund Contribution. | ncing | \$5.0 Adde | 00 May Be d to Fees |
| Make Chec | ck Payable to Florida Departn OFFICER | 50.00 nent of State S AND DIRECTO | | 11. | | ADE | Trust Fund Contribution. | | Adde | d to Fees |
| Make Chec 10. | OFFICER PVST | nent of State | RS Delete | 11. | | ADE | Election Campaign Final Trust Fund Contribution. DITIONS/CHANGES TO OFFICE | ERS AND DIRE | Adde | d to Fees |
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| Make Chec 10. | OFFICER PVST | nent of State | | TITLE NAME | T ADDRESS ST-ZIP | ADE | Trust Fund Contribution. | ERS AND DIRE | Adde | d to Fees |
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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: KERT DE Z-8-03 (305)943-9266 SIGNATURE AND TYPED OR PRINTYD NAME OF SIGNING OFFICER OR DIRECTOR