2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000044853

Entity Name: JEFFREY FRIEFELD, D.D.S., & ASSOCIATES, P.A.

Current Principal Place of Business:

21457 NW 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

21457 NW 2ND AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-1100775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEOPOLD, NORMAN ESQ
20801 BISCAYNE BLVD SUITE 501
AVENTURA, FL 33180

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FRIEFELD, JEFFREY DDS
Address: 21457 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: FRIEFELD, JEFFREY DDS
Address: 21457 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY FRIEFELD, DDS PRES 04/15/2002

Electronic Signature of Signing Officer or Director — Date