Apr 24, 2003 8:00 am Secretary of State **FILED**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000070316

DOCUMENT #

1. Entity Name DENTAL SEMINARS, INC.



FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Citeck Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS							COD WE TO	'				
Surfa, Apt #, etc. Sulfo, Apt #, etc. Sulfo, Apt #, etc. Sulfo, Apt #, etc. City & State City & State Desired States Desired & States Desired & States Desired Agent Name Street Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code City FL Zo C	14805 FARNH	IAM WAY	s	1480	5 FARNHAM WAY							
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Second Country Seco	City & Stat	e		City	City & State			4. FEI Number 59-37497;		1 X		
USIEM, WADE R 14805 FARNHANN WAY TAMPA FL 33624 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent and the statement of State of Florida agent and the statement of State 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with	Zip	Zip Country				ry			\$8.75 Additional			
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TAMPA FL 33624 City FL Zip Code	UGLEM, V	NADE R						(0.0.0	(20 D. N. A.			
TAMPA FL 33824 8. The above named entity submits this statement for the purpose of changing its rog stored office or reg stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or preside care of registered agent and ster if applicable (NOTE Registered Agent signature required when reinstance) FILE NOWN!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cleck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TRE NAME STREET ADDRESS CITY-ST-2P TREE MAKE STREET ADDRESS CITY-ST-2P TREE NAME STREET ADDRESS CITY-ST-2P Addition Add	14805 FA	RNHAM WA	AY		Street Address			ess (P.O. B	lox Number is Not Acceptable)			
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2. 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	CITY-ST-ZIP					CITY-S	ST-ZIP					
	12. hereby c	ertify that the	information supplied w	ith this filing	does not qualify for	the exem	nption stated i	in Section	119.07(3)(i), Florida Statutes. I fu	rther certif	y that the ir	formation

use empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all other like empowered. of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all

SIGNATURE: