

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000070699

FILED
May 13, 2003
Secretary of State

Entity Name: IMPLANT RECONSTRUCTIVE CENTER, P.A.

Current Principal Place of Business:

ONE SOUTH SCHOOL AVE., #1000
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH SCHOOL AVE., #1000
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-3544731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, DAVID
ONE SOUTH SCHOOL AVE., #1000
SARASOTA, FL 34237

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHILDERS, MICHAEL
Address: ONE SOUTH SCHOOL AVE., #1000
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL CHILDERS

D

05/13/2003

Electronic Signature of Signing Officer or Director

Date