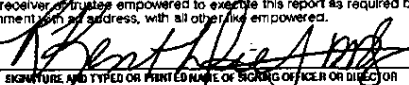


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90324 010 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000075928			
1. Entity Name ROD K. DIETZ, D.D.S., P.A.			
Principal Place of Business 1203 TARPON AVE TARPON SPRINGS, FL 34689		Mailing Address 1203 TARPON AVE TARPON SPRINGS, FL 34689	
2. Principal Place of Business 624 E. TARPON AVE Suite, Apt. #, etc.		3. Mailing Address 624 E. TARPON AVE Suite, Apt. #, etc.	
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL	
Zip 34689	Country PINELLAS	Zip 34689	
4. FEI Number 59-3737712		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIETZ, ROD K D.D.S. 1203 TARPON AVE TARPON SPRINGS, FL 34689			
7. Name and Address of New Registered Agent Name DIETZ, ROD K. DDS Street Address (P.O. Box Number is Not Acceptable) 624 E. TARPON AVE City TARPON SPRINGS FL Zip Code 34689			
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  DATE 4/28/03 Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agents signature required when resigning)			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees ☐ Trust Fund Contribution.			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, ROD K D.D.S. 1203 TARPON AVE TARPON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIETZ, ROD K. DDS ☒ Change ☐ Addition 624 E. TARPON AVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 my address, with all other like empowered.			
SIGNATURE: 		DATE: 4/28/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CFR2034 (10/02)