FILED Jan 13, 2003 8:00 am

Secretary of State 01-13-2003 90446 005 ***150.00

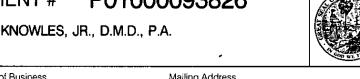
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000093826

1. Entity Name

HENRY A. KNOWLES, JR., D.M.D., P.A.





Mailing Address Principal Place of Business 4318 KELSON AVE. 4318 KELSON AVE. MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address 4318 Kelson Ave 4318 Kelson Ave Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3754533 nananna ranonna Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32446 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNOWLES, HENRY A JR Street Address (P.O. Box Number is Not Acceptable) 4318 KELSON AVE. MARIANNA FL 32446 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNOWLES, HENRY A JR NAME NAME 4318 KELSON AVE. STREET ADDRESS STREET ADDRESS MARIANNA FL 32446 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CR2E034 (10/02)

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

SIMMIUME

Davtime Phone #