

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90458 031 ***158.75

DOCUMENT # P01000098891

1. Entity Name
OCEAN DENTAL, P.A.

Principal Place of Business

**800 EAST OCEAN BLVD
 STUART FL 34994**

Mailing Address

**800 EAST OCEAN BLVD
 STUART FL 34994**

2. Principal Place of Business

401 East Ocean Blvd

3. Mailing Address

401 E. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL.

City & State

Stuart, FL.

4. FEI Number

59-3751277

Applied For

Not Applicable

Zip **34994**

Country **Martin**

Zip **34994**

Country **Martin**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NARYSHKIN, GEORGE F
 800 EAST OCEAN BLVD
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name **NARYSHKIN, GEORGE F.**

Street Address (P.O. Box Number is Not Acceptable)
401 East Ocean Blvd

City **Stuart**

FL

Zip Code **34994**

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.

SIGNATURE

George F. Naryshkin

3/2/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **NARYSHKIN, GEORGE F**
 STREET ADDRESS **800 EAST OCEAN BLVD**
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **NARYSHKIN, GEORGE F.**
 STREET ADDRESS **401 East Ocean Blvd**
 CITY-ST-ZIP **Stuart, FL. 34994**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2002

Date

Daytime Phone #

272-285-9932

CR2E034 (9/01)