

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000108829

FILED
Mar 26, 2003
Secretary of State

Entity Name: BEACHSIDE DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

5070 N A1A, STE. E
VERO BEACH, FL 329631229

New Principal Place of Business:

Current Mailing Address:

5070 N A1A, STE. E
VERO BEACH, FL 329631229

New Mailing Address:

FEI Number: 65-1153316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUOT, RICHARD A DDS
5070 N A1A, STE. E
VERO BEACH, FL 329631229

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: HUOT, RICHARD A
Address: 5070 N A1A, STE. E
City-St-Zip: VERO BEACH, FL 329631229

Title: D () Delete
Name: HUOT, JOANNE E
Address: 8776 WEST ORCHID ISLAND CIRCLE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: HUOT, PATRICK J
Address: 8776 WEST ORCHID ISLAND CIRCLE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RICHARD A. HUOT, DDS

O/D

03/26/2003

Electronic Signature of Signing Officer or Director

Date