

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

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90023 018 ***150.00

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DOCUMENT # P01000113663
1. Entity Name
LANCE J. KAMEL, D.D.S., P.A.



Principal Place of Business: 8269 WEST SUNRISE BLVD, SUNRISE FL 33322
Mailing Address: 8269 WEST SUNRISE BLVD, SUNRISE FL 33322



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

CHECK HERE IF MAKING CHANGES
4. FEI Number **65-1155895**
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**QUICK, JAMES R DMD, JD
QUICK LAW FIRM, P.A.
2151 SOUTH US HIGHWAY ONE
JUPITER FL 33477**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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: *Lance Kamel* DATE: **8/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAMEL, LANCE J	
STREET ADDRESS	11890 NW 3RD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: *Lance Kamel* **LANCE J. KAMEL** **8/4/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment #
80141032

P01000113663

Lance J. Kamel, D.D.S., P.A.

**8269 W. Sunrise Blvd.
Sunrise, FL 33322
954-472-2000**

August 18, 2003

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: UBR filing Document # P01000113663

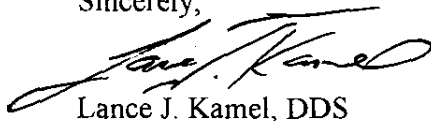
Dear Ms. Hood,

Enclosed please find a completed 2003 Uniform Business Report for Lance J. Kamel D.D.S., P.A. and a check for \$150 payable to Florida Department of State.

We respectfully request that you accept this as the UBR filing for 2003 for Lance J. Kamel D.D.S., P.A., and waive the late fee as this is the first notice that we have received.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,


Lance J. Kamel, DDS