

2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0005385
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DOCUMENT # P01000121165

1. Entity Name
ADVANCED DENTAL CARE OF TALLAHASSEE, PA

FILED

02 SEP 11 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2807-A CAPITAL MEDICAL BLVD
TALLAHASSEE FL 34309

Mailing Address
2807-A CAPITAL MEDICAL BLVD
TALLAHASSEE FL 34309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTALVO, RALPH D D.M.D.
2807-A CAPITAL MEDICAL BLVD
TALLAHASSEE FL 34309

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

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

(NOTE: Registered Agent signature required when reinstating)

9/11/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MONTALVO, RALPH D D.M.D.
2807-A CAPITAL MEDICAL BLVD
TALLAHASSEE FL 34309 ☐ 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
900007807279--1
-09/17/02--01066--016
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

Date

Daytime Phone #

CR2E034 (4/02)

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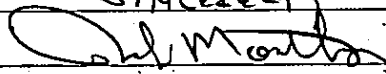
9/11/02

TO Whom It MAY CONCERN:

This is to let you know
we did not receive the
prior notice and would like
to have the late fee waived.

Thank you for your
cooperation and assistance in
this matter.

Sincerely,



RALPH D. MONTALVO