2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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TERRY JEAN MICK, D.M.D., P.A.												
Principal Place of Business 315 N. MADISON ST. QUINCY FL 32351			3	Mailing Address 315 N. MADISON ST. QUINCY FL 32351								
2. Principal Place of Business		3.	3. Mailing Address			<u>.</u>					10101 HBU HBU!	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-		HECK HERE	IF MAKING	CHANGES		
City & State			City & State			4. FE	4. FEI Number 26 - 000016 - Not Applied For Not Applicable					
Zip		Country		Zip	Cour	ntry	5. Ce	ertificate of Sta	atus Desired		\$8.75 Ad Fee Require	
	6. Name	and Address	of Current Regis	stered Agent			7. Na	ame and Add	ress of New	Registered	Agent	
-			_	-		Name						
MICK, TER	RRY J					Street Addres	ss (P.O. Bo	x Number is N	lot Acceptab	ie)		
•	adison St.	,				-						
QUINCY F	L 32351											
						City			<u> </u>	Fl	Zip Co	de
				purpose of changing it		1		est or both in	the State of F		_ 1	and accept
8. The above	named entit	y submits this s	tatement for the	purpose of changing it	is register	ed office of regi-	3.0.00 490	,				
the obligati	ions of regist	ereu agent.										
OLOMATURE	_									DATE		
OLOMATURE	_		egistered agent and title	if applicable. (NO	OTE: Register	ed Agent signature req	quired when rein	instating)		DATE		
SIGNATURE .	Signature, typed	or printed name of re !! FEE IS \$1 03 Fee will be	50.00 \$550.00		DTE: Registere	ed Agent signature req	quired when rein	9. Election	ı Campaign F	inancing		00 May Be
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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 of director 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 627-966