2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000005629 **DOCUMENT #**

1. Entity Name

DENTAL EXPRESS OF ILLINOIS, INC.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91856 001 ***450.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARDEN, GABRIEL R 5753 N.W. 158TH STREET MIAMI LAKES FL 33014 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 arm familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PL 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 arm familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME HARDEN, GARBRIEL R STREET ADDRESS 5753 N.W. 158TH STREET CITY-SI-2IP MIAMI LAKES FL 33014	5753 N.W. 158			·							
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indicated on this report or supplience with unis using coes not quality 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 fustee 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:

Date