

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-18-2003 90076 029 ***550.00

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1. Entity Name
MAHAN CENTER DENTISTRY, P.A.



Principal Place of Business
**1641 MAHAN CENTER BLVD.
TALLAHASSEE FL 32308**

Mailing Address
**9956 BEAVER RIDGE TRAIL
TALLAHASSEE FL 32308**
1641-1 Mahan Center Blvd

55052839

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1641-1 Mahan Center Blvd.
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308

Country
USA

4. FEI Number
04-3628772

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WOODRUFF, BRUCE ARTHUR
9956 BEAVER RIDGE TRAIL
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent
Name
Woodruff, Bruce Arthur
Street Address (P.O. Box Number is Not Acceptable)
1641-1 Mahan Center Blvd.
City
Tallahassee FL Zip Code
32308

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 **Bruce A. Woodruff** **15 JUL 03**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WOODRUFF, BRUCE ARTHUR 9956 BEAVER RIDGE TRAIL TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Woodruff, Bruce Arthur 1641-1 Mahan Center Blvd. Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CIRRODELLI, TOMIANNE 9956 BEAVER RIDGE TRAIL TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CIRRODELLI, TOMIANNE 1641-1 Mahan Center Blvd. Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 any other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Bruce A. Woodruff** **15 JUL 03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (4/03)