

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-08-2003 90020 010 ***150.00

DOCUMENT # P02000072331

1. Entity Name
DENTALEGE IMAGING CORP



Principal Place of Business
**16433 SAPPHIRE PLACE
WESTON - FLORIDA
USA FL 33331**

Mailing Address
**16433 SAPPHIRE PLACE
WESTON - FLORIDA
USA FL 33331**

55003515



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0485664

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POULIN, REAL
16433 SAPPHIRE PLACE
WESTON FL 33331**

Name **ROSARIO POULIN**

Street Address (P.O. Box Number is Not Acceptable)

16433 ~~SAPPHIRE~~ SAPPHIRE PLACE

City

WESTON

FL

Zip Code

33331

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

Mc Selkna

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

(NOTE: Registered Agent signature required when reinstating)

DATE

ROSARIO POULIN 1-26-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **GUILBERT, PAUL-ANDRE**
STREET ADDRESS **7713 LAKECREST CT**
CITY-ST-ZIP **IRVING TX 75063**

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

TITLE **S** ☒ Delete
NAME **POULIN, REAL**
STREET ADDRESS **16433 SAPPHIRE PLACE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **S** ☐ Change ☒ Addition
NAME **POULIN ROSARIO**
STREET ADDRESS **16433 SAPPHIRE PLACE**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 jobs empowered.

SIGNATURE:

Signature REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-3-03

Daytime Phone #

954-349-9169

CR2E034 (10/02)