

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

4/2

04-25-2003 90146 024 ***150.00

DOCUMENT # P02000095390			
1. Entity Name DENTAL ASSOCIATES OF THE PALM BEACHES, INC.			
Principal Place of Business 6815 S. DIXIE HWY WEST PALM BEACH FL 33405 US		Mailing Address 6815 S. DIXIE HWY WEST PALM BEACH FL 33405 US	
2. Principal Place of Business 6815 S. Dixie Hwy Suite, Apt. #, etc. West Palm Beach		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Ft. Lorida		City & State	
Zip 33405	Country USA	Zip	Country
4. FEI Number 22-3870527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405		7. Name and Address of New Registered Agent 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 DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>			
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. <input type="checkbox"/> \$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	D CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHERKINSKY, JORDAN M 6815 S. DIXIE HWY WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	<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 all other like empowered.			
SIGNATURE:		REQUIRED 4/23/03 54-585-8484 Date Daytime Phone #	

CR2E034 (10/02)