

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90138 027 \*\*\*150.00

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**DOCUMENT # P02000116209**

1. Entity Name  
**DENTACARE LIMITED, P.A.**



Principal Place of Business  
**341 MALLARD RD  
WESTON FL 33327**

Mailing Address  
**341 MALLARD RD  
WESTON FL 33327**

2. Principal Place of Business  
**9900 Stirling Rd #100**  
Suite, Apt. #, etc.

3. Mailing Address  
**9900 STIRLING ROAD**  
Suite, Apt. #, etc.  
**#100**

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

Zip  
**33024**

Country  
**USA**

Zip  
**33024**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**30-0136564**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GASS, DANIEL G  
10001 NW 50 ST STE 204  
SUNRISE FL 33351**

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: (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: **D** ☐ Delete  
NAME: **RIETTIE, LANA C**  
STREET ADDRESS: **341 MALLARD RD**  
CITY-ST-ZIP: **WESTON FL 33327**

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

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NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/30/03 (954) 432-5555**

CP2E034 (4/03)

Attachment  
90148624  
*Denta Care Dental Associates*

Florida Department of State  
Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2003 FOR PROFIT CORPORATION UBR

FEIN: 30-0136564

Document# P02000116209

Entity Name: Dentacare Limited, P.A.

To Whom It May Concern:

Attached is the Uniform Business Report for 2003 for the above referenced corporation and \$150.00 filing fee. This corporation did not receive prior notice of the business report and were unable to file in a timely manner. This corporation was established February 2003, but did not go into business until 6/11/03. Please waive the late fee penalty, as the corporation was not aware that the business report was due by April 30<sup>th</sup>, prior to the start of business. If any additional information is necessary, please contact my office or our current registered agent.

Sincerely,



Lana C. Riettie, D.D.S., B.Sc  
President  
DentaCare Limited, P.A.

Drs. Riettie, Draizin, Spira, Listopad, & Roud  
9900 Stirling Road #100 Pembroke Pines, FL 33024  
954-432-5555/954-432-1392