

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-01-2003 90831 012 ***150.00

DOCUMENT # P02000129637 1. Entity Name PROFESSIONAL DENTAL ASSOCIATES, P.A.			
Principal Place of Business 117 NORTH ORLANDO AVENUE COCOA BEACH FL 32931		Mailing Address 117 NORTH ORLANDO AVENUE COCOA BEACH FL 32931	
2. Principal Place of Business 5050 S 25th St		3. Mailing Address 5050 S 25th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT Pierce, FL		City & State FT Pierce, FL	
Zip 34981		Zip 34981	
Country		Country	
4. FEI Number 16-1642391		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 PSTD <input type="checkbox"/> Delete NAME BAUMBAUER, JON M D.D.S. STREET ADDRESS 117 NORTH ORLANDO AVENUE CITY-ST-ZIP COCOA BEACH FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PSTD <input type="checkbox"/> Delete NAME James L Strawn DDS STREET ADDRESS 5050 S 25th St CITY-ST-ZIP FT Pierce, FL 34981	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>[Signature]</i></u> SIGNATURE REQUIRED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)