

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90141 038 ***550.00

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DOCUMENT # P93000007940

1. Entity Name
ORTHODONTIC CENTERS OF AMERICA, INC.



Principal Place of Business
3850 N. CAUSEWAY BLVD.
SUITE 1040
METAIRIE LA 70002
US

Mailing Address
3850 N. CAUSEWAY BLVD.
SUITE 1040
METAIRIE LA 70002
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#800

Suite, Apt. #, etc.

#800

City & State

City & State

4. FEI Number 72-1278948

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete
NAME PALMISANO, BARTHOLOMEW F SR
STREET ADDRESS 3850 N. CAUSEWAY BLVD., STE. 1040
CITY-ST-ZIP METAIRIE LA 70002

TITLE ☒ Change ☐ Addition
NAME Suite 800
STREET ADDRESS Suite 800
CITY-ST-ZIP Suite 800

TITLE S ☐ Delete
NAME PALMISANO, BARTHOLOMEW F JR
STREET ADDRESS 3850 N. CAUSEWAY BLVD., STE. 1040
CITY-ST-ZIP METAIRIE LA 70002

TITLE ☒ Change ☐ Addition
NAME Suite 800
STREET ADDRESS Suite 800
CITY-ST-ZIP Suite 800

TITLE VPD ☐ Delete
NAME BUCHMAN, DENNIS J
STREET ADDRESS 3850 N. CAUSEWAY BLVD., STE. 1040
CITY-ST-ZIP METAIRIE LA 70002

TITLE ☒ Change ☐ Addition
NAME Suite 800
STREET ADDRESS Suite 800
CITY-ST-ZIP Suite 800

TITLE T ☒ Delete
NAME GLOVER, JOHN C
STREET ADDRESS 3850 N. CAUSEWAY BLVD., STE. 1040
CITY-ST-ZIP METAIRIE LA 70002

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Tom Sandeman
CITY-ST-ZIP 3850 N. Causeway Blvd. Suite 800
METAIRIE, LA 70002

TITLE D ☐ Delete
NAME RYAN, ASHTON J JR
STREET ADDRESS 3850 N. CAUSEWAY BLVD., STE. 1040
CITY-ST-ZIP METAIRIE LA 70002

TITLE ☒ Change ☐ Addition
NAME 409 Poydras Street
STREET ADDRESS NEW ORLEANS LA 70112
CITY-ST-ZIP NEW ORLEANS LA 70112

TITLE D ☐ Delete
NAME SUMMERS, W. DENNIS
STREET ADDRESS 3850 N. CAUSEWAY BLVD., STE. 1040
CITY-ST-ZIP METAIRIE LA 70002

TITLE ☒ Change ☐ Addition
NAME 1170 Peachtree Street NE
STREET ADDRESS ATLANTA, GA 30309
CITY-ST-ZIP ATLANTA, GA 30309

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 OF RBW PALMISANO JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-03

Date

504.634.4342

Daytime Phone #

CR2E034 (4/03)