

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032314

1. Entity Name  
DENTAL MATCH OF FLORIDA, INC.FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90002 046 \*\*\*150.00

Principal Place of Business  
5921 GLENBROOK DRIVE  
BOCA RATON FL 33433Mailing Address  
5921 GLENBROOK DRIVE  
BOCA RATON FL 33433

2. Principal Place of Business <b>6100 N.W. 2nd AVE</b>	3. Mailing Address <b>6100 N.W. 2nd AVE</b>
Suite, Apt. #, etc. <b># 427</b>	Suite, Apt. #, etc. <b># 427</b>
City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33487</b>	Country <b>PBC</b>

4. FEI Number <b>65-0457686</b>	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

## 7. Name and Address of New Registered Agent

GOODE, MORTON J  
5921 GLENBROOK DRIVE  
BOCA RATON FL 33433Name **GOODE, MORTON J.**

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

**6100 N.W. 2nd AVE****# 427****BOCA RATON****FL 33487**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Morton J. Goode 4-1-01*9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST GOODE, AMY L 5921 GLENBROOK DR BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. SECRET</b> <b>GOODE, AMY L</b> <b>6100 N.W. 2nd AVE</b> <b>BOCA RATON FL 33487</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1, 2001 561-862-0804*

Date

Daytime Phone #