## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P93000050595 **DOCUMENT #**

1. Entity Name

**SIGNATURE:** 

TMJ AND DENTAL DISORDERS, P.A.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90121 007 \*\*\*150.00

Daytime Phone #

						COO WE THE	İ				
Principal Place of Business 7640 38TH AVENUE NORTH ST. PETERSBURG FL 33710 US			7640	Mailing Address 7640 38TH AVENUE NORTH ST. PETERSBURG FL 33710 US							
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				4. FEI Number 59-3192298 Applied For			
Zip Country			Zip	· · · · · · · · · · · · · · · · · · ·	try 5. Certi		Certificate of Status Desired	\$8.75 Ad			
	6. Name	and Address of Current	Registere	ed Agent	1		7. 1	Name and Address of New Registers	•		
			<del></del>			Name					
ROSENKRANZ, STANLEY W 201 E. KENNEDY BLVD.				Str			street Address (P.O. Box Number is Not Acceptable)				
SUITE 1000											
TAMPA FL 33602						City		F	Zip Cod	le .	
Afte	Signature, typed	or printed name of registered agent IFEE IS \$150.00 03 Fee will be \$550.00		olicable. (NOTi	E: Registered	l Agent signature requi	red when re	9. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be	
Make Chec	k Payable to	Florida Department o	f State					Trust Fund Continuation.	L Adde	u 10 Fees	
10.	OFFICERS AND DIRECTO					AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7640 38Th	Thomas V. I Avenue, North Isburg Fl		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Delete		T ADDRESS ST-ZIP	· w = * g.		Change	☐ Addition	
TITLE Name Street address City-St-Zip				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP		····································	Change	Addition	
		A para-		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	l on this repoi rporation or th	t or supplemental report is	true and owered to	accurate and that me execute this report a per like empowered.	city- the exem ny signatu as require	ST-ZIP  pption stated in Sure shall have the	e same i	119.07(3)(i), Florida Statutes. I further o egal effect as if made under oath; that da Statutes; and that my name appear	I am an officer	or director	