

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000073165**

1. Entity Name

**OIVIND E. JENSEN, D.D.S., M.S., INC.****FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90027 047 \*\*\*150.00

0396026

Principal Place of Business  
**OAK TREE MEDICAL CTR**  
**STE 20**  
**NAPLES FL 34110**  
**US**

Mailing Address  
**90 CYPRESS WAY EAST**  
**NAPLES FL 33942**  
**US**

LUUS7JUS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<b>34110</b>	
4. FEI Number <b>65-0443586</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>JENSEN, OIVIND E</b> <b>OAK TREE MEDICAL CTR</b> <b>90 CYPRESS WAY EAST #20</b> <b>NAPLES FL 34110</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENSEN, OIVIND E</b> <b>90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR</b> <b>NAPLES FL</b> <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	<b>VP</b> <b>JENSEN, PHYLLIS M</b> <b>90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR</b> <b>NAPLES FL</b> <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
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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: *Oivind E. Jensen* **OIVIND E. JENSEN** 3/20/01 941-597-3399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)