

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90001 038 \*\*\*150.00

0502039 AV

**DOCUMENT # P93000073165**

1. Entity Name  
**OIVIND E. JENSEN, D.D.S., M.S., INC.**

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

Mailing Address  
**90 CYPRESS WAY EAST  
 NAPLES FL 34110  
 US**



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>JENSEN, OIVIND E                  OAK TREE MEDICAL CTR                  90 CYPRESS WAY EAST #20                  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: DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENSEN, OIVIND E</b>			NAME			
STREET ADDRESS	<b>90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL</b>			CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENSEN, PHYLLIS M</b>			NAME			
STREET ADDRESS	<b>90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NAPLES FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: **2/26/02** **941-597-3399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)