

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90035 017 ***150.00

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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**



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0443586** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JENSEN, OIVIND E
OAK TREE MEDICAL CTR
90 CYPRESS WAY EAST #20
NAPLES FL 34110**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JENSEN, OIVIND E 90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete JENSEN, PHYLLIS M 90 CYPRESS WAY E #20 OAKTREE MEDICAL CTR NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition

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: *Oivind E. Jensen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (239)597-3399
Date Daytime Phone #

CR2E034 (10/02)