

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90162 032 ***150.00

DOCUMENT # P93000084849

1. Entity Name
DENTAL DIAGNOSTIC SERVICES, INC.



Principal Place of Business

511 N. LIMONA
BRANDON FL 33510
US

Mailing Address

P.O. BOX 1441
BRANDON FL 33511

2. Principal Place of Business

2004 Kiser Dr.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Valrico, FL

City & State

4. FEI Number **59-3215010**

Applied For
Not Applicable

Zip **33594** **Country** **USA**

Zip **Country**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORSETT, NINA KELLY
511 NORTH LIMONA ROAD
BRANDON FL 33510

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

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

(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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **BUTLER, F. PAUL**
STREET ADDRESS **P.O. BOX 1441 N/A**
CITY-ST-ZIP **BRANDON FL 33509**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ **Delete**
NAME **DORSETT, KELLY**
STREET ADDRESS **P.O. BOX 1441 N/A**
CITY-ST-ZIP **BRANDON FL 33509**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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: **Kelly Dorsett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (313) 85-1338
Date Daytime Phone #

CR2E034 (10/02)