

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

DOCUMENT # **P93000088140**

1. Entity Name
BAYVIEW DENTAL ASSOCIATES, P.A.



Principal Place of Business
**2633 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

Mailing Address
**2633 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address
1160 N.W. 10th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Plantation

City & State

City & State

Florida

Zip

Zip

33322

Country

Broward

6. Name and Address of Current Registered Agent

**PORTLEY, PETER A
2211 EAST SAMPLE ROAD
STE 204
LIGHTHOUSE POINT FL 33064**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D** Delete
NAME **CARDOUNEL, ALEX**
STREET ADDRESS **2633 E. COMMERCIAL BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Aug 18, 2003 8:00 am
Secretary of State**

08-18-2003 90171 005 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0461148** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

CR2E034 (4/03)

8/14/03 (954)474-8884

Daytime Phone #

Attachment H

10/11/46

P930000 88140

BAYVIEW DENTAL ASSOCIATES, P.A.

2633 E. COMMERCIAL BLVD.

FORT LAUDERDALE, FL 33308

(954) 776-4720

(954) 772-0282 (Fax)

FAX COVER SHEET

PERSONAL AND CONFIDENTIAL

PLEASE HAND ROUTE

TO: Florida Dept. of State
FROM: Alex Cardowell, D.D.S. President
FAX: DATE: 8/14/03
PHONE: (850) 488-9000 PAGES: 1
RE: late filing



Urgent



For Your Review



Please Comment

Please

Reply

♦ ♦ ♦ PRIVACY NOTICE ♦ ♦ ♦

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COMMENTS

Please accept our late filing and check for \$150. Our accounts payable service is no longer at the address your records show as mailing address. Please change mailing address to the