FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 11, 2003 8:00 am Secretary of State P94000004858 DOCUMENT # 08-11-2003 90292 027 ***150.00 1. Entity Name STEVEN B. AIREY, D.D.S., P.A. Principal Place of Business Mailing Address 501 GOODLETTE ROAD NORTH 501 GOODLETTE ROAD NORTH SUITE B-202 SUITE B-202 NAPLES FL 33940 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0459029 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AIREY, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 501 GOODLETTE ROAD NORTH SUITE B-202 NAPLES FL 34102 City 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 rainstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition □ Delete AIREY, STEVEN B NAME 501 GOODLETTE ROAD NORTH, SUITE B-202 STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME AIREY, STEVEN B NAME 501 GOODLETTE RD N., STE B 202 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

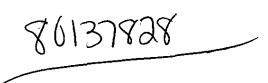
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 atta nent with an address, with all other like empowered

SIGNATURE:

Daytime Phone #

STEVEN B. AIREY, D.D.S.

Comprehensive Restorative Dentistry



8/5/2003

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Florida 32302-1500

RE: Steven B. Airey, D.D.S. P.A. Document#P94000004858

Gentlemen:

I request the late fees imposed be reversed since the corporation did not receive any prior notices.

_Enclosed is your Uniform Business Report for the year 2003 and a check in the amount of \$150.00.

If you need any additional information do not hesitate to call.

Yours truly,