

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90217 040 ***150.00

DOCUMENT # P94000017623

1. Entity Name
FLORIDA DENTAL GROUP, P.A.



Principal Place of Business
3333 N. HWY 441-US 27
FRUITLAND PARK FL 34731
US

Mailing Address
3333 N. HWY 441-US 27
FRUITLAND PARK FL 34731
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3240635**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LEON
3333 N HWY 441 US 27
FRUITLAND PARK FL 34731

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SMITH, LEON**
CITY-ST-ZIP **3333 N. HWY 441-US 27**
FRUITLAND PARK FL 34731

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

#194000017623 80030831

BROOKS, WILEY, YOUNG, PADGETT & KLEISER, PA
CERTIFIED PUBLIC ACCOUNTANTS

W. THOMAS BROOKS, CPA
TOM WILEY, CPA
HERBERT P. YOUNG, JR., CPA
GREGORY P. PADGETT, CPA
CHERI KLEISER, CPA
GLENN G. WETZ, CPA
LEE WILEY, CPA

KENNETH D. STOFF, CPA
BARBARA R. SHEPARD, CPA
JENNIFER J. HOSTETLER, CPA

UNIFORM BUSINESS REPORT

FILING INSTRUCTIONS

DATE: 1-20-03

TO: Florida Dental Group PA

INSTRUCTIONS: ATTACHED IS YOUR UNIFORM BUSINESS REPORT. YOU
NEED TO SIGN, DATE AND MAIL IN THE ENCLOSED
ENVELOPE WITH A CHECK IN THE AMOUNT OF
\$ 150.00, MADE PAYABLE TO THE DEPARTMENT OF
STATE.

THE REPORT MUST BE POSTMARKED NO LATER THAN MAY 1,
20 03.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL.

Brooks, Wiley, Young, Padgett & Kleiser, PA.

BROOKS, WILEY, YOUNG, PADGETT & KLEISER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

01/02