

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90040 040 \*\*\*150.00

DOCUMENT # P94000076069

1. Entity Name

THE DENTAL GROUP, INC.

Principal Place of Business

Mailing Address

2609 WEST OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33311

2609 WEST OAKLAND BLVD  
FORT LAUDERDALE FL 33311  
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

65-0528520

Not

5. Certificate of Status Desired ☐

\$8.75

Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRODIN, MARK  
2609 W OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00

Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME P  
STREET ADDRESS MARK GRODIN  
CITY-ST-ZIP 2609 W OAKLAND PARK BLVD  
FT LAUDERDALE FL 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change  
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TITLE ☐ Change  
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CITY-ST-ZIP

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

(954) 485-1

Date

Daytime Phone #