

FILED
Jun 12, 2003 8:00 am
Secretary of State

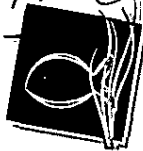
06-12-2003 90010 020 ***150.00

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

DOCUMENT # P94000089649					
1. Entity Name MICHAEL A. BEIM, D.D.S., P.A.					
Principal Place of Business 345 WAYMONT COURT LAKE MARY, FL 32746			Mailing Address 345 WAYMONT COURT LAKE MARY, FL 32746		
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 59-3286361			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEIM, MICHAEL A D.D.S. 345 WAYMONT COURT LAKE MARY, FL 32746			7. Name and Address of New Registered Agent		
			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 one if applicable. (NOTE: Registered Agent's signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$160.00 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			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		
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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael A. Beim, D.D.S.</i>			06/09/2003 407-723-0600		
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)

Attachment



80125823
P9400089649

MICHAEL A. BEIM
SPECIALIST IN ORTHODONTICS DDS•PA

09 June 2003

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

In reviewing my records from previous years, I realized that I had not paid for my annual corporation filing fee. Since I am prompt with paying all of my bills, especially for something as important as this, I searched for any record of receiving the forms or a letter informing me how to file online (which I believe I did last year.) I have come to the conclusion that I did not receive the necessary forms from your office, but I did confirm with your office that you had the correct mailing address and that the forms had been mailed to me.

Enclosed is my signed form as downloaded from the web site and a check for the proper fee.

I respectfully request that the late fees be waived since I did not receive the necessary forms or information and took care of this as soon as I realized what had happened. If there are any questions, please contact me.

Sincerely,

Michael A. Beim, DDS