

**FOR PROFIT CORPORATION 02-03 UBR**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
 03 OCT -2 AM 9:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000005432  
 1. Entity Name  
 SAW GRASS DENTAL CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 12651 W. Sunrise Blvd Suite, Apt. #, etc. 200		3. Mailing Address 12651 W. Sunrise Blvd Suite, Apt. #, etc. 200	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33323	Country BROWARD	Zip 33323	Country BROWARD

DO NOT WRITE IN THIS SPACE

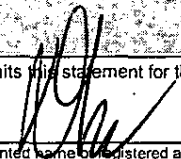
4. FEI Number 65-0549820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dennis Sevel
Street Address (P.O. Box Number is Not Acceptable) 12651 W. Sunrise Blvd.
Suite 200
City Sunrise FL Zip Code 33323

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  DATE 9/17/03

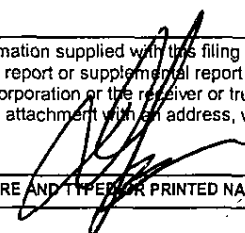
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS			
TITLE	president	TITLE	
NAME	Dennis Sevel	NAME	
STREET ADDRESS	12651 W. Sunrise Blvd. #200	STREET ADDRESS	
CITY - ST - ZIP	Sunrise, FL 33323	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DR DENNIS SEVEL D.D.S. 9/17/03 (GS) 8467000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

**Sawgrass Dental Center, Inc.**  
12651 W. Sunrise Blvd., Suite 200  
Sunrise, Fl 33323  
(954) 846-7000

September 17, 2003

Glenda E. Hood  
Secretary of State

Re: Sawgrass Dental Center, Inc.  
Document Number P95000005432

Dear Ms. Hood,

Please accept the enclosed check for \$300.00 as payment for the years 2002 and 2003 for the Uniform Business Report of the above referenced corporation.

I had never received the 2002 report because I sold the assets and moved out of the documented address in October 2001. Ultimately, I took back the business in November 2002, moving back into the same location. However, I had not been given any correspondence between those months and again, did not receive the final dissolution notice.

Thank you for your consideration regarding this matter.

Sincerely,



Dennis S. Sevel, DDS