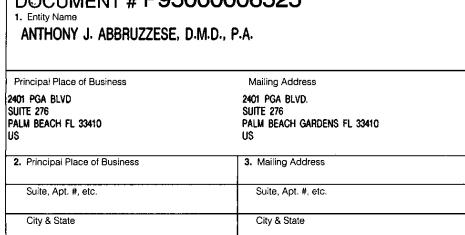
## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P9500006525 1. Entity Name ANTHONY J. ABBRUZZESE, D.M.D., P.A.

FILED Feb 03, 2001 8:00 am Secretary of State

02-03-2001 90068 039 \*\*\*150.00





2. Principal P	Place of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			<b>4.</b> f	03'0040929			pplied For ot Applicable	
Zip Country Zip			Zip	Country		5. (	Certificate of Status Desired   \$8.75 A		\$8.75 Add	ditional	
	-6. Name	and Address of Current F	Registered Agent	1	7. Name and Address of New Registered Agent						
					Name						
2401	PGA BLVD	anthony J. J., Suite 276 Ardens FL 33410			Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	le	
8. The above	e named entit	y submits this statement for	the purpose of cha	inging its registe	ered office or regis	tered ag	ent, or both, in the State of Flori	da.			
SIGNATURE .							1	- 30-	01		
Oldivitionic .	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Registe	ered Agent signature requi	ired when re	einstating)	DATE			
, , , , , , , , , , , , , , , , , , , ,					E IS \$150.00 se will be \$550.00 Department of S		Election Campaign Fina     Trust Fund Contribution.	ncing		00 May Be d to Fees	
11.		OFFICERS AND D	DIRECTORS	12	2.	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2401 PGA	ESE, ANTHONY BLVD., SUITE 276 ACH GARDENS FL	□ De	NA ST	tle Ame Treet address Ity-st-zip				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2401 PGA	eśe, anthony J. Blvd., suite 276 Ach Gardens Fl	□ De	NA ST	TLE AME TREET ADDRESS TTY-ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	T - T TOWN	e ga anno el la comunicación de	De	NA ST	TLE AME TREET ADDRESS TTY-ST-ZIP	*	ه نید دهم		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NA STI	TLE AME TREET ADDRESS TY-ST-ZIP				☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			□ De	NA Sti	TLE AME TREET ADDRESS TY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NA STI	TLE  AME  TREET ADDRESS  TY-ST-ZIP				☐ Change	☐ Addition	
indicated	d on this repo	rt of supplemental report is	trume and accurate a	and that my sian	nature shall have th	e same	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa da Statutes; and that my name	th: that I a	m an officer	or director	

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #