2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000046845

1. Entity Name

SHIRIN RAWJI, D.D.S., P.A.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90239 034 ***150.00

Principal Place of Business 216 S. ORANGE AVE ORANGO F. 12008 2. Principal Place of Business 3. Mailing Address 216 S. ORANGE AVE ORANGO F. 12008 Suite, Apr. #, etc. City & State City & City & State City & State City & State City & State City &				TO WE THE	7		
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Get.	2116 S. ORANGE AVE 2116 S. ORANGE		2116 S. ORANGE AVE				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. CHECK HERE IF MAKING CHANGES CITY & State City & State City & State Check HERE IF MAKING CHANGES Nat Applicable Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Required - 5. Name and Address of Current Registered Agent Name RAWJI, SHIRIN 2116 S. ORANCE AVE ORLANDO FL 32806 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. Tam familiar with, and accept the originations of registered agent. FILE**NOW!!! FEE Is \$150.00 Address Agent agent and the 4 approach.					1 (DD) (BD) (DD)		
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Country	City & State		City & State		4. FEI Number 59-3325389		
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2116 S. ORANGE AVE ORLANDO FL 32806 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAME RAWJI, SHIRIN STREET ADDRESS ORLANDO FL 32806 TITLE MAME ORLANDO FL 32806 TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS					Name		
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8. The above named entity submits this statement for the purpose of changing its 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.					·		
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				City	FL	Zip Code	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED

Date Dayline Phone

CR2E034 (10/02