

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082176

1. Entity Name

DENTAL ASSOCIATES OF KENDALL, D.D.S., P.A.

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-21-2001 90045 001 ***150.00

Principal Place of Business
8366 SW 87 CT
#3
MIAMI FL 33173
US

Mailing Address
12515 N. KENDALL DR
SUITE 412
MIAMI FL 33186
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

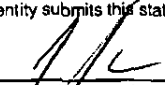
4. FEI Number 65-0615748
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name MELVYN S. GOBER
Street Address (P.O. Box Number is Not Acceptable)
12515 N. KENDALL DRIVE #412
City MIAMI FL Zip Code 33186

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

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

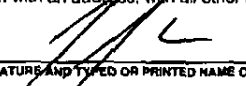
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	GOBER, MELVIN		NAME	GOBER, MELVIN S.	
STREET ADDRESS	5775 N.W. BLUE LAGOON DRIVE SUITE 400		STREET ADDRESS	12515 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI FL 33186	
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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 3/15/01 (305) 274-2499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)