2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000083987 **DOCUMENT #**

1. Entity Name

CLERMONT COSMETIC & FAMILY DENTISTRY, P.A.

	WE IN

FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90868 001 ***300.00

Principal Place of Business 773 W MONTROS STREET CLENKOM F. 94711 US 2. Principal Place of Business Suite, Apt. #, etc. City & State A. FEI Number 59-3344170 A FEI Number 59-						7				
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Cantry Special Country Special	773 W MONT	TROSE STREET	773 W	773 W MONTROSE STREET CLERMONT FL 34711						
City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.875 Additional Fee Required \$8.875 Additional Fee Required Street Address of New Registered Agent Name City FL City City FL City City FL City FL City FL City City FL City FL City FL City FL City FL City City City FL City City FL City City City City City FL City City City City City City City City FL City Cit	2. Principal I	Place of Business	3. Mail	3. Mailing Address			1 14011481 110 10101 01111 00111 00111 00111 00111			
Zip Country Zip Country 5, Certificate of Status Desired S8.75 Additional Face Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent HOCTOR, JAMES J 215 NORTH EOLA DRIVE ORLANDO FL 32801 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOWI!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheeck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ROMES STREET ADDRESS TO CLERMONT FL 34711 D TITUS, DEBORAH D TY3 LZP TITUS, MONTROSE ST CLERMONT FL 34711 D Delete TITLE D Delete TITLE D Delete TITLE D Delete TITLE D DELET DORESS CITY-S1-ZP TITLE D Delete TITLE D DELET DELET ADDRESS CITY-S1-ZP TITLE D Delete TITLE STREET ADDRESS CITY-S1-ZP CITY-S1-ZP TITLE D Delete TITLE STREET ADDRESS CITY-S1-ZP CITY-S1-ZP TITLE STREET ADDRESS CITY-S1-ZP TITL	Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Gox Number is Not Acceptable) City FL Zip Code 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, Speed or privated name of registered agent and the it applicable. (NOTE Registered Agent signature required when reinstating) DATE 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 ITIE TITUS, GARY S 773 W MONTROSE ST. CITY-ST-ZIP TITUS D TITUS, DEBORAH D TITUS DEBORAH D	City & Sta	te	City	City & State			FEI Number 59-3344170		` 	
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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, lyped or printed name of registered agent and title if applicable.										
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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

SIGNATURE: