2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2001 8:00 am
Secretary of State
04-25-2001 90158 028 ***150.00

DOCUMENT # P95000091803

1. Entity Name
Orthodontix, Inc.

Principal Place of Business	Mailing Address
~~2222 Ponce deLeon Blvd., Ste. 300~~ ~~Coral Gables, FL 33134-5024~~	~~2222 Ponce deLeon Blvd., Ste. 300~~ ~~Coral Gables, FL 33134-5024~~

2. Principal Place of Business	3. Mailing Address
1428 Brickell Ave.	1428 Brickell Ave.
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc. Suite 105
City & State Miami, Florida	City & State Miami, Florida
Zip / Country 33131 / USA	Zip / Country 33131 / USA

~~44178~~
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0643773
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and address of New Registered Agent
~~Berman Wolfe & Rennert, P.A.~~ ~~100 SE 2nd Street, 35th Floor~~ ~~Miami, Florida 33131~~	Name Glenn Halpryn Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Ave. Suite 105 City / FL / Zip Miami / FL / 33131

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

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 NAME STREET ADDRESS CITY-ST-ZIP	~~DTSPCOO~~ ☒ Delete ~~Guilford, F.W. Mort~~ ~~2222 Ponce deLeon Blvd., #502~~ ~~Coral Gables, FL 33134~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition Silver, Noah 1428 Brickell Ave., Suite 105 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ☐ Delete Grussmark, Dr. Stephen 7400 N. Kendall Drive, #604 Miami, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ☐ Change ☒ Addition Weisberg, Alan Jay 2500 N. Military Trail, Suite 220 Boca Raton, Florida 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~D~~ ☒ Delete ~~Dresnick, Dr. Stephen~~ ~~3211 Ponce deLeon Blvd., Suite 200~~ ~~Coral Gables, FL 33134~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete Thompson, Dr. William 6610 Riverview Blvd., West Bradenton, FL 34209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ☐ Delete Halpryn, Glenn 1428 Brickell Ave., Suite 105 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~D~~ ☒ Delete ~~Gerson, Gary~~ ~~666 71st Street~~ ~~Miami Beach, FL 33141~~

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 _____ Glenn Halpryn, Secretary 305-371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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