

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90238 042 ***150.00

DOCUMENT # P96000008175

1. Entity Name

GROUP DENTAL OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

2601 N. FLAGLER DR
 STE 101
 WEST PALM BEACH FL 33407

200 BUTLER STREET
 SUITE 203
 WEST PALM BEACH FL 33407-6036

C0008209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2601 N Flagler Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

West Palm Beach FL

4. FEI Number

65-0626008

Applied For

Not Applicable

Zip

Country

33407

Country

USA

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

BROWN, JOHN P
%BROWN & CORE, P A
7307 W ATLANTIC AVE
DELRAY BEACH FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PT CORE, ENRICO 325 SW 16TH ST BOCA RATON FL	<input type="checkbox"/>		
VPT BROWN, JOHN P. 1845 PARKSIDE CIR. S. BOCA RATON FL	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Brown 2/31/99 561-833-5474

CR2E034 (9/99)