

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008175
1. Entity Name
Group Dental of the Palm Beaches Inc.



FILED

03 APR 25 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2601 N. Flamingo Drive</u> Suite, Apt. #, etc. <u>Suite 101</u> City & State <u>West Palm Beach FL</u> Zip <u>33407</u> Country <u>FL</u>		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0626008</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent Name <u>John P. Brown</u> Street Address (P.O. Box Number is Not Acceptable) <u>7307 W. Atlantic Ave</u> City <u>West Palm Beach</u> FL Zip Code <u>33416</u>	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President + Treasurer</u> <u>Encino Case</u> <u>15 NE 9th Ave</u> <u>Delton Beach FL 33483</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500017114285</u> <u>04/25/03--01082--011 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP + Treasurer</u> <u>John P. Brown</u> <u>1845 Parkside Ln Sd</u> <u>Boca Raton FL 33486</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 4/23/03 Daytime Phone # 561-833-5974

CR2E034B (12/02)