2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P96000022854 **DOCUMENT #**

1. Entity Name

Principal Place of Business

LITOWITZ, ORTHODONTIST, D.M.D., P.A.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91289 042 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country To Country To Country To Country To Country To Name and Address of New Registered Agent Name LITOWITZ, ARTHUR N Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To Name and Address of Florida. I am familiar with, and acceptable agent, or both, in the State of Florida. I am familiar with, and acceptable agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rensuling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May	110 S ATLANTIC A NEW SMYRNA BEA		6110 S ATLANTIC NEW SMYRNA BE	•	11023003		
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITOWITZ, ARTHUR N 6110 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOW!!!- FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	City & State	* ***	- City & State	. 2° ± ±	4 EEI Number		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: