

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90426 031 \*\*\*150.00

DOCUMENT # **P96000023692**

1. Entity Name  
**DENTAL TEMPS OF SOUTHWEST  
FLORIDA, INC.**

**DO NOT WRITE IN THIS SPACE**

**670570**

2. Principal Place of Business  
**900 N. BRINK AVE.**

Suite, Apt. #, etc.

3. Mailing Address  
**2801 FRUITVILLE RD.**

Suite, Apt. #, etc.

**# 135**

City & State  
**SARASOTA FL**

Zip **34237** Country **USA**

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**SARASOTA FL**

Zip **34237** Country **USA**

4. FEI Number **65-0661316**

Applied For  
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Robert WENZEL**

Street Address (P.O. Box Number is Not Acceptable)  
**2801 FRUITVILLE RD**

**# 135**

City **SARASOTA FL FL** Zip Code **34237**

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) ☐

January 1 to May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE	<b>D;P</b>
NAME	<b>GLORIA EWELLING</b>
STREET ADDRESS	<b>2801 FRUITVILLE RD. #135</b>
CITY - ST - ZIP	<b>SARASOTA FL 34237</b>
TITLE	<b>VP</b>
NAME	<b>NANCY DETRICK</b>
STREET ADDRESS	<b>900 N. BRINK AVE.</b>
CITY - ST - ZIP	<b>SARASOTA FL 34237</b>
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **NANCY DETRICK**  
**VICE PRESIDENT**

**4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)