## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000028275 **DOCUMENT #**

1. Entity Name

ANTHONY T. DEAN, D.D.S., P.A.



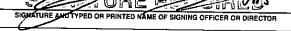
**FILED** Mar 17, 2003 8:00 am Secretary of State
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|   |  |   |                                     | 7 ]   |                                   |
|---|--|---|-------------------------------------|---|-----------------------------------|
| Principal Place of Business 945 LANE AVE SOUTH JACKSONVILLE FL 32205-4706 |  | Mailing Address<br>945 LANE AVE SOUTH<br>JACKSONVILLE FL 32205-4706 |                                     | 118211881   18 (811)   18811 88111 88111 88111  |                                   |
| 2. Principal Place of Business  |  | 3. Mailing Address  |                                     |   |                                   |
|   |  |   |                                     |   |                                   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                                     | CHECK HERE IF MAKING CHANGES  |                                   |
| City & State  |  | City & State  |                                     | 4. FEI Number 59-3435623  | Applied For Not Applicable        |
| Zip   | Country Zip  |   | Country                             | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |
|   | 6. Name and Address of Current                                       | Registered Agent  |                                     | 7. Name and Address of New Register   |                                   |
|   |  |   |                                     | · · · · · · · · · · · · · · · · · · ·   | * :s -                            |
| 1   | DEAN, ANTHONY T  |   |                                     | ss (P.O. Box Number is Not Acceptable)  |                                   |
| 1   | E AVE SOUTH<br>IVILLE FL 32205-4706                                  |   | <u></u>                             |   |                                   |
| JACKSON   | WILLE FL 32205-4706  |   |                                     |   |                                   |
|   |  |   | City                                | F   | Zip Code                          |
| 8. The above the obliga   | e named entity submits this statement for tions of registered agent. | r the purpose of changing its                                       | registered office or regis          | stered agent, or both, in the State of Florida. I a   | m familiar with, and accept       |
| SIGNATURE   | Signature, typed or printed name of registered agent a               | ind title if applicable (NOTE                                       | E: Registered Agent signature requi |   |                                   |
|   | ILE NOW!!! FEE IS \$150.00   | (NOTE   |                                     | ired when reinstating) DATI   | €<br>                             |
| Afte  | r May 1, 2003 Fee will be \$550.00                                   |   |                                     | 9. Election Campaign Financing  | \$5.00 May Be                     |
| Make Checi  | k Payable to Florida Department of                                   | State   |                                     | Trust Fund Contribution.  | Added to Fees                     |
| 10.   | OFFICERS AND I   | DIRECTORS   | 11.                                 | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 11                |
| TITLE   | DP   | ☐ Delete  | TITLE                               |   | ☐ Change ☐ Addition               |
| NAME<br>STREET ADDRESS  | DEAN, ANTHONY T<br>945 LANE AVE SOUTH                                |   | NAME                                |   |                                   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32205-4706   |   | STREET ADDRESS<br>CITY-ST-ZIP       |   | ļ                                 |
| TITLE   |  | ☐ Delete  | TITLE                               |   |                                   |
| NAME  |  |   | NAME                                |   | ☐ Change ☐ Addition               |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS                      |   |                                   |
|   |  |   | CITY-ST-ZIP                         |   |                                   |
| TITLE<br>NAME   | المحاوضي بنها المنادا  | ☐ Delete  | TITLE<br>NAME                       | a Tiring and the second of th | Change Addition                   |
| STREET ADDRESS  |  |   | NAME<br>STREET ADDRESS              |   |                                   |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP                         |   |                                   |
| TITLE   |  | ☐ Delete  | TITLE                               | -   | ☐ Change ☐ Addition               |
| NAME  |  | •   | NAME                                |   | onlings                           |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS                      |   |                                   |
| TITLE   |  |   | CITY-ST-ZIP                         |   |                                   |
| NAME  |  | ☐ Delete  | TITLE                               |   | Change                            |
| STREET ADDRESS  |  |   | NAME<br>STREET ADDRESS              |   |                                   |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP                         |   |                                   |
| TITLE   | -  | ☐ Delete  | TITLE                               |   | ☐ Change ☐ Addition               |
| NAME<br>CIRET ADDRESS   |  | •   | NAME                                |   | Cuendo                            |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS                      |   |                                   |
|   | ertify that the information supplied with the                        | olo filina alama satu aliza da                                      | CITY-ST-ZIP                         |   |                                   |

nereby 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

SIGNATURE:



Daytime Phone #