FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 08, 2001 8:00 am Secretary of State **DOCUMENT #** P97000038375 1. Entity Name LAWRENCE M. LESPERANCE, D.D.S., P.A. 08-08-2001 90011 006 ***550.00 Principal Place of Business Mailing Address 7600 RED ROAD 7600 RED ROAD SOUTH MIAMI FL 33143 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0752096 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LESPERANCE, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 7600 RED ROAD, SUITE 114 SOUTH MIAMI FL 33143 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (5/01) TITLE ☐ Change Addition TITLE PTSD ☐ Delete NAME LESPERANCE, LAWRENCE M NAME STREET ADDRESS STREET ADDRESS 7600 RED ROAD CITY-ST-ZIP CITY-ST-7IP SOUTH MIAMI FL 33143 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Change - Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receive 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.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

9

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition