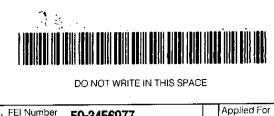
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000048135** SOUTHEASTERN DENTAL STUDIOS, INC. Principal Place of Business Mailing Address 2139 DELTA BOULEVARD 2139 DELTA BOULEVARD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number

FILED Feb 27, 2001 8:00 am Secretary of State

02-27-2001 90358 013 ***150.00

Not Applicable



59-3456977

Zip	Country	Zip	Country	5.	Certificate of Status Desire	red S8.75 Additional Fee Required.			
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New	w Registered Ag	jent]
		<u> </u>	Name						
DORSETT, RUTH 365 REMINGTON RUN WAY TALLAHASSEE FL 32312				Street Address (P.O. Box Number is Not Acceptable)					
17100	1 0 0 0 1 C		City	-144-		FL	Zip Code	 e	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office of	or registered a	gent, or both, in the State o	Florida.			
SIGNATURE,	Signature, typed or printed name of registered agen	and title if applicable. (NOTI	E: Registered Agent signs	ature required when	reinstating)	DATE			
Tax filing i	oration is eligible to satisfy its Intangibl requirement and elects to do so. ria on back)	After MAY 1, 20	V!!! FEE IS \$150.00 2001 Fee will be \$550.00 able to Department of State			ution.	on. Added to Fees		
11.	OFFICERS AND	DIRECTORS	12.	Α	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORSETT, RUTH E 365 REMINGTON RUN WAY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CR2E034 (10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSE FL 32312 ST WHITAKER, THOMAS L S 1607 WOODGATE WAY TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THEMINOSELTEGEN	→ Delsta	NAME STREET ADDRESS CITY-ST-ZIP			. Agentin	Change	- 🖃 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
of the cou	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em, or on an attachment with an address	powered to execute this report	as required by Ci	ated in Section have the same napter 607, Flo	n 119.07(3)(i), Florida Statut e legal effect as if made uno orida Statutes; and that my r	es. I further certi der oath; that I ar name appears in	ly that the in n an officer Block 11 or	nformation or director Block 12 if	