2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90161 003 ***150.00

DOCUMENT # P97000058466

1. Entity Name

PENSACOLA FAMILY DENTAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
WEST JORDAN STREET, SUITE 2-G FL 32501	14 WEST JORDAN STREET, SUITE 2-G PENSACOLA FL 32501-1735

J01490

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3450114 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANNHEISSER, BERTRAM 14 WEST JORDAN STREET, SUITE 2-G PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE B. V. DANNHEISSER, JR., D.D.S. MIDTOWN PROFESSIONAL BLDG. 14 W. JORDAN ST. SUITE 2G PENSACOLA, FL 32501 1/4/00
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANNHEISSER, BERTRAM V JR. 14 WEST JORDAN STREET, SUITE 2-G PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. B. V. DANNHEISSER, JR., D.D.S. MIDTOWN PROFESSIONAL BLDG. 14 W. JORDAN ST. SUITE 2G PENSACOLA, FL 32501	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PENSACOLA FL 32501-1836~~ ~~14 W. JORDAN ST. SUITE 2G~~ ~~DR. KIM UNDERWOOD JERNIGAN, D.M.D.~~ ~~PENSACOLA FAMILY DENTAL ASSOCIATES, P.A.~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PENSACOLA FAMILY DENTAL ASSOCIATES, P.A. DR. KIM UNDERWOOD JERNIGAN, D.M.D. 14 W. JORDAN ST. SUITE 2G PENSACOLA, FL. 32501-1736	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ~~PENSACOLA FAMILY DENTAL ASSOCIATES, P.A.~~ ~~DR. KIM UNDERWOOD JERNIGAN, D.M.D.~~	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres 14 W. JORDAN ST. SUITE 2G PENSACOLA, FL. 32501-1736	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: B. V. DANNHEISSER, JR., D.D.S. MIDTOWN PROFESSIONAL BLDG. 14 W. JORDAN ST. SUITE 2G PENSACOLA, FL 32501 1/4/00 8504345247
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #