— AMENDED —

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000068392

1. Entity Name
THEODORE J. SEITLES D.M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1301 W. BOYNTON BCH BLVD
Suite, Apt #, etc. 5
City & State BOYNTON BEACH FL
Zip 33426 Country USA

3. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name THEODORE J. SEITLES
Street Address (P.O. Box Number is Not Acceptable) 3559 NW 61 CIRCLE
City BOCA RATON **FL** Zip Code 33496

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 - 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	PD
NAME	THEODORE J. SEITLES
STREET ADDRESS	3559 NW 61 CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	DS
NAME	ANNETTE SEITLES
STREET ADDRESS	3559 NW 61 CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33496
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DO NOT WRITE IN THIS SPACE

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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: X [signature] DMD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JS 11/12/02