FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90091 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079057

1. Entity Name: ORLANDO DENTAL & MEDICAL CENTER INC

Principal Place of Business: 2909 N. ORANGE AVE. ORLANDO FL 32804

Mailing Address: 2909 N. ORANGE AVE. ORLANDO FL 32804

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

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

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3467308 — Applied For — Not Applicable

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

6. Name and Address of Current Registered Agent:
DAVIES, JOHN W.
2643 LAKE SHORE DR
ORLANDO, FL 32803

7. Name and Address of New Registered Agent:
Name: DAVIES JOHN W
Street Address (P.O. Box Number is Not Acceptable): 2643 LAKE SHORE DR
City: ORLANDO FL 32803 — 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John W Davies 1/20/03
(Signature of a member or authorized representative of a member) (NOTE: Registered Agent Signature required when name changed) Date

FILE NOW!! FEE IS $150.00. After May 1, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title / Name / Street Address / City-St-Zip	Delete
D DAVIES, JOHN 2643 LAKE SHORE DR. ORLANDO FL 32803	☐
	☐
	☐
	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	Change / Addition
	☐ / ☐
	☐ / ☐
	☐ / ☐
	☐ / ☐
	☐ / ☐
	☐ / ☐

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W Davies 1/20/03 407 898 1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C12E034 (10/02)