

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000089714**1. Entity Name  
DENTAL CARE ALLIANCE OF FLORIDA, INC.

## Principal Place of Business

1343 MAIN ST. 7TH FL.

SARASOTA  
34236

FL

## Mailing Address

1343 MAIN ST. 7TH FL.

SARASOTA  
34236

FL

## 2. Principal Place of Business

1 S. SCHOOL AVENUE

Suite, Apt. #, etc.  
SUITE 1000City & State  
SARASOTA  
FLZip  
34237

Country

## 3. Mailing Address

1 S. SCHOOL AVENUE

Suite, Apt. #, etc.  
SUITE 1000City & State  
SARASOTA  
FLZip  
34237

Country

4. FEI Number  
**65-0795836**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NICHOLS DAVID  
1343 MAIN STREET  
7TH FLOOR  
SARASOTA  
34236

US

FL

## 7. Name and Address of New Registered Agent

Name

NICHOLS DAVID

Street Address (P.O. Box Number is Not Acceptable)

1 S. SCHOOL AVENUE

SUITE 1000

City  
SARASOTA

FL

Zip Code  
34237

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 \_\_\_\_\_ **03/01/2001**

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, 2001 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

TITLE D ☐ Delete  
NAME RAUCCI ROBERT  
STREET ADDRESS 1343 MAIN ST., 7TH FL  
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete  
NAME SMITH CURTIS LEE  
STREET ADDRESS 1343 MAIN ST., 7TH FLOOR  
CITY-ST-ZIP SARASOTA FL 34236TITLE DS ☐ Delete  
NAME OLAN MITCHELL  
STREET ADDRESS 1343 MAIN ST., 7TH FLOOR  
CITY-ST-ZIP SARASOTA FL 34236TITLE DP ☐ Delete  
NAME MATZKIN STEVEN R  
STREET ADDRESS 1343 MAIN ST. 7TH FL.  
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME RAUCCI ROBERT  
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000  
CITY-ST-ZIP SARASOTA FL 34237TITLE D ☒ Change ☐ Addition  
NAME SMITH CURTIS LEE  
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000  
CITY-ST-ZIP SARASOTA FL 34237TITLE DS ☒ Change ☐ Addition  
NAME OLAN MITCHELL  
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000  
CITY-ST-ZIP SARASOTA FL 34237TITLE DP ☒ Change ☐ Addition  
NAME MATZKIN STEVEN R  
STREET ADDRESS 1 S. SCHOOL AVENUE, SUITE 1000  
CITY-ST-ZIP SARASOTA FL 34237TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: STEVEN R. MATZKIN**

DP

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)