2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

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Entity Name: DENTAL CARE ALLIANCE OF FLORIDA, INC.

Current Principal Place of Business:

1 S. SCHOOL AVENUE
SUITE 1000
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

1 S. SCHOOL AVENUE
SUITE 1000
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 65-0795836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, DAVID
1 S. SCHOOL AVENUE
SUITE 1000
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	MATZKIN, STEVEN R	
Address:	1 S. SCHOOL AVENUE, SUITE 1000	
City-St-Zip:	SARASOTA, FL 34237	
Title:	DS	( ) Delete
Name:	OLAN, MITCHELL	
Address:	1 S. SCHOOL AVENUE, SUITE 1000	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	SMITH, CURTIS LEE`	
Address:	1 S. SCHOOL AVENUE, SUITE 1000	
City-St-Zip:	SARASOTA, FL 34237	
Title:	D	( ) Delete
Name:	RAUCCI, ROBERT	
Address:	1 S. SCHOOL AVENUE, SUITE 1000	
City-St-Zip:	SARASOTA, FL 34237	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN MATZKIN DP 04/26/2002

Electronic Signature of Signing Officer or Director — Date