

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90239 045 ***150.00

DOCUMENT # P97000099145

1. Entity Name

Delray West Dental Associates, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15127 Jog Road

Suite, Apt. #, etc.

Suite 104

City & State

Delray Beach, FL

Zip
33446

Country

USA

3. Mailing Address

240 W Palmetto Park Road

Suite, Apt. #, etc.

Suite 120

City & State

Boca Raton, FL

Zip
33432

Country

USA

4. FEI Number

68-0802864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stanley E. Ross DDS

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

240 W Palmetto Park Road

Suite 120

City

Boca Raton

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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)

4/23/02
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ross, Stanley E.
240 W Palmetto Park Road
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Stillman, Leslie
240 W Palmetto Park Road
Boca Raton, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Stanley E. Ross DDS

Stanley E. Ross DDS

4/23/02

Date

561 368-9595

Daytime Phone #

CR2E034B (12/01)