

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90196 003 \*\*\*150.00

**DOCUMENT # P97000104429**

1. Entity Name

**DENTAL GROUP MANAGEMENT, INC.**

Principal Place of Business

**2609 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

Mailing Address

**2609 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0873387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRODIN, MICHAEL**

**2609 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

Name

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

City

**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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GRODIN, MICHAEL**  
CITY-ST-ZIP **2609 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2-9-10  
**The Dental Group**

Attachment  
DFP 7000104429  
60129498

July 9, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

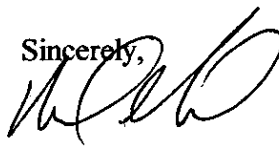
RE: **Dental Group Management, Inc.**  
**Tax ID: 65-0873387**

Dear Division of Corporations:

Enclosed is a copy of our Uniform Business Report. I would like to clarify our previous letter. The main reason we did not file the UBR report on time is because we never received the report in the mail. As stated in our previous letter, because we did not receive the UBR report in the mail, we assumed that our accountants had filed the report on our behalf.

If you should have any questions, please feel free to contact me anytime at (954) 485-1170.

Sincerely,



Michael Grodin  
Administrator  
Dental Group Management



Attachment  
80129498

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 28, 2002

DENTAL GROUP MANAGEMENT, INC.  
2609 WEST OAKLAND PARK BLVD.  
FT. LAUDERDALE, FL 33311

SUBJECT: DENTAL GROUP MANAGEMENT, INC.  
Ref. Number: P97000104429

We have received your document for DENTAL GROUP MANAGEMENT, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 202A00041378

# The Dental Group

Attachment  
DH# 97000104429  
150129498

June 24, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

~~RE:~~ **Dental Group Management, Inc.**  
**Tax ID: 65-0873387**

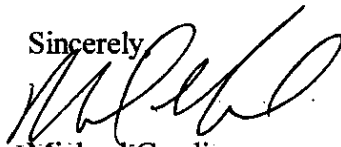
Dear Division of Corporations:

Enclosed is a copy of our Uniform Business Report. We apologize that the report is past due, however we believed that our accountants has previously filed the report on our behalf.

Once we discovered that a report had not been filed, we immediately completed the form and mailed it to your address. Per our conversation today with Jo at your office, she informed us to send in the form, a letter of explanation, and a check for \$150; all of which is enclosed.

If you should have any questions, please feel free to contact me anytime at (954) 485-1170.

Sincerely



Michael Grodin  
Administrator  
Dental Group Management