

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91499 034 ***150.00

DOCUMENT # P97000108777
1. Entity Name
ORAL HEALTH INSTITUTE OF CENTRAL FLORIDA, P.A.

Principal Place of Business Mailing Address
7208 SAND LAKE RD.,STE.104 7208 SAND LAKE RD.,STE.104
ORLNADO FL 32819 ORLNADO FL 32819

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 **59-3486694** 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
RAYAN, KARL O D.D.S. Name
7208 SAND LAKE RD.,STE.104 Street Address (P.O. Box Number is Not Acceptable)
ORLNADO FL 32819 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RAYAN, KARL O D.D.S. 7208 SAND LAKE RD.,STE.104 ORLNADO FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-16-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)