

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000001250**

1. Entity Name

MILLENNIUM DENTAL GROUP, INC.**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90073 004 ***158.75

Principal Place of Business

1701 STATE RD A-1-A**305****VERO BEACH FL 32963**

Mailing Address

1701 STATE RD A-1-A**305****VERO BEACH FL 32963****528996**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3486593**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****HOWARD, G W****1701 STATE RD A-1-A****STE 305****VERO BEACH FL 32963**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	STRAWN, JAMES L DDS	
STREET ADDRESS	5050 S. 25TH STREET	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VPS IT	<input type="checkbox"/> Delete
NAME	HOWARD, G W	
STREET ADDRESS	2021 S. INDIAN RIVER DR. 1430 Shorelands DR. W.	
CITY-ST-ZIP	FT. PIERCE FL 34982 VERO BEACH 32963	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NAIMO, GAIL	
STREET ADDRESS	2925 S. INDIAN RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)