

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90483 001 \*\*\*450.00

0088913 FP

**DOCUMENT # P98000008418**

**1. Entity Name**  
**BRANDON FAMILY DENTAL CARE ASSOCIATES, P.A.**



**Principal Place of Business**  
1532 OAKFIELD DRIVE  
SUITE B  
BRANDON FL 33511

**Mailing Address**  
1102 W CROSS STREET  
TAMPA FL 33606



**2. Principal Place of Business**

**3. Mailing Address**

3410 HENDERSON Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
TAMPA FL

**4. FEI Number** 59-3491968

Applied For

Not Applicable

Zip

Country

Zip

Country

33609

USA

**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**

KAVOUKLIS, MICHAEL N  
1000 NORTH ASHLEY DR., STE. 604  
TAMPA FL 33602

Name

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

3410 HENDERSON Blvd

City

TAMPA

FL

Zip Code

33609

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-11-03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** KAVOUKLIS, NICHOLAS M  
**STREET ADDRESS** 2601 JETTON AVE.  
**CITY-ST-ZIP** TAMPA FL 33629

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**CITY-ST-ZIP**

**12. 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 10 or Block 11 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 #

4-7-03

CR2E034 (10/02)