

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90450 016 ***150.00

DOCUMENT # P98000037648

1. Entity Name
PRIME CARE DENTAL CENTER, P.A.

Principal Place of Business Mailing Address
5652 TIMUQUANA RD 5652 TIMUQUANA RD
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3509575**

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

ALON-ALON, MARY R
5652 TIMUQUANA RD
JACKSONVILLE FL 32210

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

Mary Rose Alon-Alon DDS
 Signature, typed or printed name of registered agent and title if applicable. **PROS** (NOTE: Registered Agent signature required when reinstating)

3/12/01
 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 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 **P**
 NAME **ALON-ALON, MARY R DDS**
 STREET ADDRESS **387 PERTSHIRE DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32073** ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mary Rose Alon-Alon DDS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 *(904) 777-5444*
 Date Daytime Phone #

CR2E034 (10/00)

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