

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
 03-12-2002 90019 044 ***158.75

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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**

80039357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3509575		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
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	

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 A. Alon-Alon **MARY ROSE A. ALON-ALON** 2/24/02
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. ☐ **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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALON-ALON, MARY R DDS	NAME	
STREET ADDRESS	387 PERTSHIRE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32073	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 A. Alon-Alon **MARY ROSE A. ALON-ALON** 2/24/02 (904) 777-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (9/01)