## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P98000043044 DOCUMENT #

1. Entity Name

SYSTEM DENTAL CORP.

Principal Place of Business 106 COLLY WAY 107 Country 108 State 109 Country 10	106 COLLY W N LAUDERDA			So WE INS	<b>/</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  - 6- Name and Address of Current Registered Agent  Name  LEAL, SERGIO LUIS 106 COLLY WAY  N LAUDERDALE FL 33068  City  Street Address (PO. 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. Lam familiar with, and acceptable the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	115	VAY	106 CÖLLY WAY N LAUDERDALE FL 33309	-2945	11053031		
Suite, Apt. #, etc.  City & State  City & State  Country  State  Country  State  Country  State  Country  Street Address of Status Desired  Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Add	00		US				
City & State  Country  Country  Country  Country  S. Certificate of Status Desired  See Required  7. Name and Address of New Registered Agent  Name  LEAL, SERGIO LUIS  106 COLLY WAY  N LAUDERDALE FL 33068  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatur Operior and address of New Registered Agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  PLE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	2. Principal I	Place of Business	3. Mailing Address			<b>u u 11181 u 1111 billi a i u</b> i e <b>u</b> l	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75. Additional Fee Required  - 6. Name and Address of Current Registered Agent  Name  LEAL, SERGIO LUIS 106 COLLY WAY N LAUDERDALE FL 33068  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature required when reinstating)  Policetion Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  Added to Fees  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Suite, Apt	. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING (	CHANGES	
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The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional	
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**FILED** Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 91309 004 \*\*\*158.75

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP