

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000067252

1. Entity Name

DORAL DENTAL SERVICES OF FLORIDA, INC.



FILED

03 SEP -9 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
12121 N. CORPORATE PARKWAY  
MEQUON WI 53092

Mailing Address  
12121 N. CORPORATE PARKWAY  
MEQUON WI 53092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-1936987

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
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 P ☐ Delete  
NAME BORCA, GREGORY J  
STREET ADDRESS 10175 SHERMAN RD  
CITY-ST-ZIP CEDARBURG WI 53012

TITLE VP/D ☒ Change ☐ Addition  
NAME Borca, Gregory J.  
STREET ADDRESS 10175 Sherman Road  
CITY-ST-ZIP Cedarburg, WI 53012

TITLE V ☐ Delete  
NAME BRUMMEYER, RONALD A  
STREET ADDRESS 10936 NORTH WYNGATE TRACE  
CITY-ST-ZIP MEQUON WI 53097

TITLE P ☒ Change ☐ Addition  
NAME Brummeyer, Ronald A.  
STREET ADDRESS 10936 North Wyngate Trace  
CITY-ST-ZIP Mequon, WI 53097

TITLE D ☐ Delete  
NAME KASTEN, CRAIG  
STREET ADDRESS 9100 W. HAWTHORNE ROAD  
CITY-ST-ZIP MEQUON WI 53097

TITLE ☐ Change ☐ Addition  
NAME 500023387915  
STREET ADDRESS 09/29/03--01023--004 \*\*550.00  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME SWEENEY, LISA  
STREET ADDRESS N24 W 22700 MEADOW WOOD LANE  
CITY-ST-ZIP WAUKESHA WI 53186

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

TITLE S ☐ Delete  
NAME KASTEN, WENDY  
STREET ADDRESS 9100 W. HAWTHORNE ROAD  
CITY-ST-ZIP MEQUON WI 53097

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03 260-834-3535

Date

Daytime Phone #

CR2E034 (4/03)