

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90006 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101007

1. Entity Name

HERITAGE DENTAL OF CENTRAL FLORIDA, P.A.

Principal Place of Business

422 TONGUE TRAIL
LADY LAKE, FL 32159

Mailing Address

422 TONGUE TRAIL
LADY LAKE, FL 32159

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3543177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSAN J. CAWTHORNE
1611 DURANGO DRIVE
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

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

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.
(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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D KENNETH CONN	15714 ACORN CIRCLE	TAUNTES, FL 32778	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

[Signature] 4/26/01 352-750-4111

Signature and typed or printed name of signing officer or director

CR2E034 (11/00)



Attachment
A0075070

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 30, 2001

HERITAGE DENTAL OF CENTRAL FLORIDA, PA
422 TEAGUE TRAIL
LADY LAKE, FL 32159

Subject: **HERITAGE DENTAL OF CENTRAL FLORIDA, PA**

Reference
Number:

P98000101007

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns

ANNUAL REPORTS SECTION