

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 22, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000006204****1. Entity Name****ADULT AND GERIATRIC DENTAL CENTER OF SOUTH FLORIDA, P.
A.****Principal Place of Business**

2021 EAST COMMERCIAL BOULEVARD, SUITE 101

FORT LAUDERDALE
333083754

FL

Mailing Address

2021 EAST COMMERCIAL BOULEVARD, SUITE 101

FORT LAUDERDALE
333083754

FL

2. Principal Place of Business

2021 EAST COMMERCIAL BOULEVARD

3. Mailing Address

2021 EAST COMMERCIAL BOULEVARD

Suite, Apt. #, etc.
SUITE 101Suite, Apt. #, etc.
SUITE 101City & State
FORT LAUDERDALE FLCity & State
FORT LAUDERDALE FLZip
333083754Country
USZip
333083754

Country

4. FEI Number
65-0908853Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBAGHDASSARIAN ROSEMARY
10 SENECA RDFORT LAUDERDALE FL
33308 US**7. Name and Address of New Registered Agent**Name
MENCIA ROSEMARYStreet Address (P.O. Box Number is Not Acceptable)
10 SENECA RDCity
FORT LAUDERDALE FL Zip Code
33308

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 **ROSEMARY MENCIA****08/22/2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME BAGHDASSARIAN ROSEMARY
STREET ADDRESS 10 SENECA RD
CITY-ST-ZIP FORT LAUDERDALE FL 33308TITLE PVST ☐ Delete
NAME BAGHDASSARIAN ROSEMARY
STREET ADDRESS 10 SENECA RD
CITY-ST-ZIP FORT LAUDERDALE FL 33308TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME MENCIA ROSEMARY
STREET ADDRESS 10 SENECA RD
CITY-ST-ZIP FORT LAUDERDALE FL 33308TITLE PVST ☒ Change ☐ Addition
NAME MENCIA ROSEMARY
STREET ADDRESS 10 SENECA RD
CITY-ST-ZIP FORT LAUDERDALE FL 33308TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: Rosemary Mencia

08/22/2000