

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 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 FL 333083754	Mailing Address 2021 EAST COMMERCIAL BOULEVARD SUITE 101 FORT LAUDERDALE FL 333083754
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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
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 Agent**7. Name and Address of New Registered Agent****MENCIA ROSEMARY
10 SENECA RD****FORT LAUDERDALE FL 33308 US**

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 _____ **05/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	D	☐ Delete
NAME	MENCIA ROSEMARY	
STREET ADDRESS	10 SENECA RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

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

TITLE	PVST	☐ Delete
NAME	MENCIA ROSEMARY	
STREET ADDRESS	10 SENECA RD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

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

TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
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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

P

05/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)