2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000006204

Entity Name: ADULT AND GERIATRIC DENTAL CENTER OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

2021 EAST COMMERCIAL BOULEVARD
SUITE 101
FORT LAUDERDALE, FL 333083754 US

New Principal Place of Business:

1608 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 333345719 US

Current Mailing Address:

2021 EAST COMMERCIAL BOULEVARD
SUITE 101
FORT LAUDERDALE, FL 333083754

New Mailing Address:

1608 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 333345719

FEI Number: 65-0908853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENCIA, ROSEMARY
10 SENECA RD
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: MENCIA, ROSEMARY
Address: 10 SENECA RD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: MENCIA, ROSEMARY
Address: 10 SENECA RD
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY MENCIA P 05/28/2002

Electronic Signature of Signing Officer or Director — Date