2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900009001

1. Entity Name

DOCTOR'S DENTAL CENTER, PA



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90665 031 ***150.00

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Principal Place of Business 1075 NE 125 STREET STE 201 MIAMI FL 33161		Mailing Address 1075 NE 125 STREET STE 201 MIAMI FL 33161							
								 11 10	II)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	4. FEI Number 65-0891402 Applied Foi				
Zip	Country	Country Zip Co		ountry		. Certificate of Status Desired		Not Applic Additional	able
	6. Name and Address of Current	Registered Agent	L		~7.	Name and Address of New Regis	Fee Re	quired	
FIGUEROA, CELIA			Name						
,	/ 119TH-ST		Street Address			Box Number is Not Acceptable)			
MIAMI FL			10751			125 5 truet 5	te 20	7/	_
				City M	Inn	a .	Zip	Code 2	B
8. The above	re named entity submits this statement for ations of registered agent.	the purpose of changing its	registered	d office or regis	tered a	gent, or both, in the State of Florida	. am familiar	<i></i>	ent
and oblige	ations of registered agent.							3316	0/
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (AIOTE	- Benintered A	A+					
	FILE NOW!!! FEE IS \$150.00	(NOTE	negisterad A	Agent signature requi	ired when i	reinstating)	DATE		
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Campaign Financi Trust Fund Contribution.		5.00 May B dded to Fees	e
10.	OFFICERS AND DIRECTORS 11.		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			_	
TITLE NAME	IGUEDON CEUN DOS		TITLE				☐ Chai		tion $\widehat{\aleph}$
STREET ADDRESS	1075 NE 125 STREET STE 201		NAME STREET	EET ADDRESS					eg E034 (10/02)
CITY-ST-ZIP	MIAMI FL 33161			ST-ZIP					88
TITLE NAME		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Char	nge 🔲 Addit	
STREET ADDRESS			NAME	1000500				- 4	- ō
CITY-ST-ZIP			CITY-ST	ADDRESS I-Zip					
TITLE		☐ Delete	TITLE"			****	☐ Chan	nge 🗀 Additi	ion
NAME Street address			NAME				onan	gonodili	OII
CITY-ST-ZIP			STREET A	ADDRESS					
TITLE		☐ Delete	TITLE			<u></u>	[7]		_
AME			NAME				Chan	ge 🗌 Additi	on
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ITLE		☐ Delete	CITY-ST-	-217					
AME	. v	€ Delete .	TITLE NAME				☐ Chan	ge 🗀 Additi	on
TREET ADDRESS ITY-ST-ZIP			STREET A	1					
TLE .			CITY-ST-	-ZIP					
AME		☐ Delete	TITLE NAME				☐ Chang	ge 🔲 Additio	n
TREET ADDRESS			STREET AL	DDRESS					
TY-ST-ZIP	<u> </u>		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

SIGNATURE:

SIGN LIE ROLL DE DE SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR