

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90483 001 ***450.00

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DOCUMENT # P99000048310

1. Entity Name
FAMILY DENTAL CARE MANAGEMENT, INC.



Principal Place of Business
**1102 W CASS STREET
TAMPA FL 33606**

Mailing Address
**1102 W CASS STREET
TAMPA FL 33606**



2. Principal Place of Business
3410 Henderson Blvd.

3. Mailing Address
3410 Henderson Blvd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

City & State
Tampa FL

City & State
TAMPA, FL

Zip
33629

Country
USA

Zip
33609

Country
USA

4. FEI Number **59-3581681**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAVOUKLIS, CHRIS M
1000 N ASHLEY DRIVE STE 604
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KAVOUKLIS, NICHOLAS M**
STREET ADDRESS **1000 N ASHLEY DRIVE STE 520**
CITY-ST-ZIP **TAMPA FL 33602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROS. 4.7.03

Date

Daytime Phone #

CR2E034 (10/02)