2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059771

1. Entity Name

TAMPA FL 33629

RMR DENTISTRY, P.A.

Principal Place of Business
1155 SOUTH DALE MABRY #14

Mailing Address

1155 SOUTH DALE MABRY #14 TAMPA FL 33829-5056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

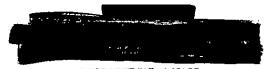
Suite, Apt. #, etc.

City & State

5/1

FILED Jun 21, 2000 8:00 am Secretary of State

05-19-2000 90078 006 ***150.00



DO NOT WRITE IN THIS SPACE

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			Zip	Country			4. FEI Number 59-3586041 5. Certificate of Status Desired \$6					8.75 Additional se Required
	≈ 6. Name and Address of C	urrent Rea	Istered Agent		,	7. N	lame and	Address	of New Res	istered		
					Name							
RUPPEL, CORY D.D.S.						/00 D						
					Street Address (P.O. Box Number is Not Acceptable)							
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					City					FL	Zip Coc	.0
	named entity submits this states	ment for the	purpose of changing	ts register	ad office or regi	istered age	ent, or bo	th, in the S	itate of Flori	da.		
SIGNATURE _	Signature, typed or printed name of regritter	ed agent and tit	le il applicable. (18	OTE: Registere	d Agent signature rec	pured when re	natating)			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 St				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
11. OFFICERS AND DIRECTORS						AD	DITIONS	/CHANGE	S TO OFFIC	ERS ANI	DIRECTOR	S IN 11
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NAME	RUPPEL, CORY D.D.S.			NAM	- I							
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STREET ADDRESS				CITY								

SIGNATURE:

NATURE AND TYPED OF PRINTED MARE OF SIGNING OFFICER OR DIRECTOR

4-1-00

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