

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90193 028 \*\*\*150.00

**DOCUMENT # P99000069454**

**1. Entity Name**  
**NORTHWEST FLORIDA DENTAL CENTER, INC.**



**Principal Place of Business**  
**3298 SUMMIT BLVD., STE. 6**  
**PENSACOLA FL 32503**

**Mailing Address**  
**3298 SUMMIT BLVD., STE. 6**  
**PENSACOLA FL 32503**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3472843**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FARRAR, GERGORY P ESQ.**  
**109 N. PALAFOX ST.**  
**PENSACOLA FL 32501**

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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>MCGRAW, SHIRLEY</b>	
STREET ADDRESS	<b>3298 SUMMIT BLVD STE 6</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE		<input type="checkbox"/> Delete
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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:**

*Shirley McGraw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03

CR2E034 (10/02)