

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90991 001 \*\*\*150.00

**DOCUMENT # P99000083198**

1. Entity Name

**NORTHSIDE DENTAL GROUP, P.A.**

Principal Place of Business

**7900 NORTHWEST 27TH AVENUE  
 SUITE 296 - EAST PLAZA  
 MIAMI FL 33147**

Mailing Address

**7900 NORTHWEST 27TH AVENUE  
 SUITE 296 - EAST PLAZA  
 MIAMI FL 33147-4902**

2. Principal Place of Business

**1948 N. Oak Haven Circle**

Suite, Apt. #, etc.

3. Mailing Address

**1948 N. Oak Haven Circle**

Suite, Apt. #, etc.

City & State

**N. Miami Beach, FL**

City & State

**N. Miami Beach, FL**

Zip

**33179**

Country

**US**

Zip

**33179**

Country

**US**

4. FEI Number

**65-0948551**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FREEDLINE, RANDY  
 7900 NORTHWEST 27TH AVENUE  
 SUITE 296 - EAST PLAZA  
 MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name

**Dr. Randy Freedline**

Street Address (P.O. Box Number is Not Acceptable)

**1948 North Oak Haven Circle**

City

**North Miami Beach**

**FL**

Zip Code

**33179**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**April 27, 2000**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREEDLINE, RANDY</b>	
STREET ADDRESS	<b>7900 NORTHWEST 27TH AVENUE #296 EAST PLAZA</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1948 North Oak Haven Circle</b>
CITY-ST-ZIP	<b>N. Miami Beach, FL 33179</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 27, 2000**

Date

Daytime Phone #

CR2E034 (9/99)