## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

PROSTHODONTICS ASSOCIATES, P.A.

1. Entity-Name

P99000090897

## FILED Aug 22, 2003 8:00 am Secretary of State

7/.

07-24-2003 90110 011 \*\*\*150.00

Principal Place of Business 2601 SOUTH BAYSHORE DRIVE. SUITE #750 COCONUT GROVE FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE. SUITE \$760 COCONUT GROVE FL 33133				55054790								
2. Principal	Place of Busin	ness	3. Mailing Address					and the state of t							
Suita, Apt	, #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES								
City & Sta	ite		City & State				4. 1	El Numbe	65-0	953100	0		) <del>-</del>	applied For lot Applicab	le l
Zip Country			ZIp		itry	5. Certific			ficate of Status Desired   \$8.75 Ad Foe Require						
6. Name and Address of Current Registered Agent							7. N	lame and	Address	of New	Registe	red Ag	ent		_
						Name									
Braga, \ 2601 SOI		:	Street Address (P.O. Box Number is Not Acceptable)												
COCONUT GROVE FL 33133							.=								
							City					FL	Zip Cod	de	-
After Se	ILE NOW!! ptember 10	or printed name of registered agent FEE IS \$550.00 2003 Fee will be \$750 Florida Department o	.00	oicable. (NOTE: f	Registered	d Agent signatu	es nadw behiuper s	9. Elec	tion Cam			TC		OO May Be	_
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/C	HANGES	TO OF	ICERS .	AND D	IRECTOR	IS (N 11	٦,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	161 CRAN	ALERIA S DON BLVD. #124 AYNE FL 33149		Delete		1							] Change	Addilion	2E034 (4/03)
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12. I hereby certify that the information supplied with this filling 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 of 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 any piddress, with pilepther like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

Delete

☐ Change

Addition

## AHachmen+#

## SAUNDERS & ASSOCIATES Accounting & Tax Services

11120 N. Kendall Dr., Suite 201 Miami, FL 33176 Phone (305) 270-2040 Fax (305) 595-8695

August 19, 2003

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500 55054790

RE: Prosthodontics Associates, P.A.

Ref: P99000090897

Dear Sir or Madam,

Please be advised that this entity changed its registered agent last year and never received the original notice due by 5/1/03. The new officer and registered agent were not aware of this filing until receipt of the second notice after the \$400 penalty was assessed.

Please allow some leniency given the above explanation, as this corporation has an excellent history in its tax filings for federal and state.

Thank you in advance for your anticipated cooperation.

Sincerely,

Geno Saunders

**SAUNDERS & ASSOCIATES**