2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 26, 2001 8:00 am DOCUMENT # P99000093615 **Secretary of State** 1. Entity Name FRANCATI DENTAL SERVICES, P.A. 01-26-2001 90086 015 ***150.00 Principal Place of Business Mailing Address 3104 S. MARITANA DR. 3104 S. MARITANA DR. ST. PETER BEACH FL 33706 ST. PETER BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3606030 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCATI, GERALD M Street Address (P.O. Box Number is Not Acceptable) 3104 MARITANA DR. ST. PETERSBURG BEACH FL 33701 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE FRANCATI, GERALD M NAME NAME STREET ADDRESS STREET ADDRESS 3104 S. MARITANA DR. CITY-ST-ZIP CITY-ST-ZIP ST. PETER BEACH FL 33706 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition "NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 选品符1 NAME AND STORAGE AND STREET ADDRESS STREET ADDRESS おここむ 徳山太郎がされてい CITY-ST-ZIP CITY-ST-ZIP TITLE , ☐ Delete TITLE ☐ Change Addition J. C. Mo. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P 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

Daytime Phone #