

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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01 JUL 30 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103111
1. Entity Name
 Dental Ventures, P.A.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 21 8993 Okeechobee Blvd. 8993 Okeechobee Blvd.
 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 Suite 102 Suite 102
 City & State 27 City & State
 23 West Palm Beach FL West Palm Beach FL
 Zip County 28 Zip County
 24 33411 25 Palm Beach 33411 Palm Beach

00-01 UBR

4. FEI Number **Applied For**
 65-0963686 Not Applicable
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**

Corporate Creations Enterprises Inc.
 941 Fourth Street #200
 Miami Beach, FL 33139

81 Corporate Creations Network, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 941 Fourth Street #200
 84 Miami Beach **FL** 33139

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida
SIGNATURE *[Signature]* **BY F.E. CAMMARATA AS ATTORNEY IN FACT** **7/23/01**
 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing Trust Fund Contribution** **\$5.00 May be added to Fees**
 (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Rudnick	1.2 NAME	
STREET ADDRESS	8993 Okeechobee Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Suite 102 West Palm Beach, FL 33411	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	400004500244--7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	400004526444--3
STREET ADDRESS		3.3 STREET ADDRESS	-08/09/01--01015--022
CITY-ST-ZIP		3.4 CITY-ST-ZIP	****300.00 ****300.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE *[Signature]* **Andrew Rudnick, Director by F.E. Cammarata, as attorney in fact** **7/23/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2012

Florida Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: **Dental Ventures, P.A.**

Enclosed are the following:

1. Uniform Business Report for the corporation referenced above.
2. \$150 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us earlier this year. Thank you.

Sincerely,

Name: Andrew Rudnick

Title: Director

Date: 7/23/01