## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

| DOCUMEN<br>1. Entity Name                               | T # P99000103111   |                            |           | d.                                   |                                   | 01 HH 20 PH 2-1-6   |  |
|---|--|----------------------------|-----------|--------------------------------------|-----------------------------------|---|--|
| Dental Ventures, P.A.                                   |  |                            |           |                                      |                                   | 01 JUL 30 PM 2: 46  |  |
| Dentar ve   | 1110100, 1 .7 1.   |                            |           |                                      |                                   | SECRETARY OF STATE TALLAHASSEE, FLORIDA                             |  |
| Die is I Die e e 61                                     |  | Matting Addaga             |           |                                      |                                   | TAEEAHASSEE, FLORIDA  |  |
| Principal Place of Business                             |  | Mailing Address            |           |                                      |                                   |   |  |
|   |  | •                          |           |                                      |                                   |   |  |
|   |  |                            |           |                                      |                                   |   |  |
| 2 Principal Place o                                     | of Business  | 3. Mailing Address         |           |                                      |                                   | -   |  |
| 2. Principal Place of Business 21 8993 Okeechobee Blvd. |  | 8993 Okeechobee Blvd.      |           |                                      |                                   |   |  |
| Suite, Apt. #, etc.                                     |  | 26 Suite, Apt. #, etc.     |           |                                      |                                   | 00-01 UBP   |  |
| 22 Suite 102  |  | Suite 102                  |           |                                      |                                   | 00 01 000   |  |
| City & State  |  | 27 City & State            |           |                                      |                                   | 4. FEI Number Applied For   |  |
| West Palm B   | each_FL  | West Palm Beach FL         |           |                                      |                                   | 65-0963686 Not Applicable   |  |
| Zip   | County 28 Zip  |                            |           | County                               |                                   | 5. Certificate of Status Desired  \$8.75 Additional                 |  |
| 24 33411  | 25 Palm Beach 33411 Palm Beach   |                            |           | on<br>Final                          | 7 N                               | Fee Required ame and Address of New Registered Agent                |  |
| 6. Name and Address of Current Registered Agent         |  |                            |           | 81 Corporate Creations Network, Inc. |                                   |   |  |
|   |  |                            |           | Corporate                            | Creati                            | ions Network, Inc.  |  |
| Corporate Cre 941 Fourth St                             | ations Enterprises Inc.  | 82 Street Address (I       |           |                                      | ss (P.                            | O. Box Number is Not Acceptable)                                    |  |
| Miami Beach,  | t control of the cont | 83 941 Fo                  |           |                                      | h Street #200                     |   |  |
| ,   |  |                            |           | -1-                                  | 22120                             |   |  |
|   |  |                            |           | 84 Miami Bea                         |                                   | FL 33139  |  |
| 8. The above nam  | ed entity submits this statement to  | the purpose of changin     |           |                                      | both, i                           | in the State of Florida   |  |
| SIGNATURE   | Ja gina  | J 134 F. L.                |           | MMARATA /                            | S /                               | ure required when reinstating)  DATE                                |  |
| <del>-</del>  | nature, typed or printed name of registered n is eligible to satisfy its intangible  |                            |           |                                      |                                   | Election Campaign Financing Trust \$5.00 May be                     |  |
| Tax filing requ<br>(See criteria o                      | After MAY 1, 200   |                            |           |                                      | Fund Contribution   added to Fees |   |  |
| 11.   | OFFICERS AND DIREC   |                            | 12        | •                                    | TIONS                             | S/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |  |
| TITLE   | Director   | ☐ DELETE                   | 1.1 T     | ITLE                                 |                                   | Change Addition   |  |
| NAME  | Andrew Rudnick<br>8993 Okeechobee Blvd.  |                            |           | NAME                                 |                                   | 1 <b>2</b> / 3  |  |
| STREET ADDRESS<br>CITY-ST-ZIP                           | Suite 102<br>West Palm Beach, FL 33411   |                            |           | TREET ADDRESS<br>CITY-ST-ZIP         |                                   | <b>L</b>  |  |
| TITLE   | West Faint Beach. FL 33411   | DELETE                     | 2.1 T     |                                      |                                   | Change Addition   |  |
| NAME  |  |                            |           | NAME                                 |                                   | 4000045002447   |  |
| STREET ADDRESS  |  |                            |           | TREET ADDRESS                        |                                   | 4000040006411   |  |
| CITY-ST-ZIP   |  | DELETE                     | 3.1 T     | CITY-ST-ZIP                          |                                   | ☐ Change ☐ Addition   |  |
| TITLE<br>NAME   |  |                            |           | NAME                                 |                                   | 4000045264443   |  |
| STREET ADDRESS  |  |                            | 3.3 S     | TREET ADDRESS                        |                                   | -08/09/0101015022   |  |
| CITY-ST-ZIP   |  |                            |           | CITY-ST-ZIP                          |                                   | ****300,00 ****300,00 Change Addition                               |  |
| TTTLE   |  | ☐ DELETE                   | 4.1 T     |                                      |                                   | Change Addition   |  |
| NAME<br>STREET ADDRESS                                  |  |                            |           | NAME<br>TREET ADDRESS                |                                   |   |  |
| CITY-ST-ZIP   |  |                            |           | CITY-ST-ZIP                          |                                   |   |  |
| TITLE   |  | ☐ DELETE                   | 5.1 T     | ITLE                                 |                                   | ☐ Change ☐ Addition   |  |
| NAME  |  |                            |           | NAME                                 |                                   |   |  |
| STREET ADDRESS  |  |                            |           | TREET ADDRESS                        |                                   |   |  |
| CITY-ST-ZIP<br>TITLE                                    |  | DELETE                     |           | ITLE                                 |                                   | Change Addition   |  |
| NAME  |  | _                          |           | NAME                                 |                                   | <u> </u>  |  |
| STREET ADDRESS  |  |                            |           | TREET ADDRESS                        |                                   |   |  |
| CITY-ST-ZIP   | tifu that the information aun-lied   | with this filing does not  |           | for the exemption                    | etate/                            | d in Section 119.07(3)(i), Florida Statutes. I further certify that |  |
| the information inc                                     | licated on this annual report or su  | pplemental annual repor    | t is true | e and accurate and                   | l that i                          | my signature shall have the same legal effect as if made under      |  |
| oath; that I am an                                      | officer or director of the corporati   | ion of the receiver or tru | stee en   | npowered to execu                    | ute this                          | s report as required by Chapter 607, Florida Statutes; and that     |  |

my name appears in Block 11 Block 12, or on attachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Andrew Rudnick

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        |