

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90313 028 \*\*\*150.00

**DOCUMENT # S15923**

1. Entity Name

**STEVEN C. RHODES, D.M.D. AND LINDA K. BRANHAM, D**

Principal Place of Business

Mailing Address

**501 E HWY 434**  
**SUITE 865**  
**LONGWOOD FL 32750**  
**US**

**501 E HWY 434**  
**SUITE 865**  
**LONGWOOD FL 32750**  
**US**

2. Principal Place of Business

**225 W. State Road 434**

3. Mailing Address

**225 W. State Road 434**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 101****Suite 101**

City &amp; State

City &amp; State

**Longwood, Florida****Longwood, Florida**

Zip

Country

Zip

Country

**32750-4980****32750-4980**

4. FEI Number

**59-3042940**

Applied For

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

**MARKS, ROBERT O.**  
**200 E. ROBINSON STREET, SUITE 865**  
**ORLANDO FL 32801**

Name

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

City

**FL**

Zip Code

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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	RHODES, STEVEN, C., DMD	
STREET ADDRESS	501 E HWY 434	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRANHAM, LINDA, K., DMD	
STREET ADDRESS	501 E HWY 434	
CITY-ST-ZIP	LONGWOOD FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W. State Road 434	
STREET ADDRESS	Suite 101	
CITY-ST-ZIP	Longwood, Florida 32750-4980	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 W. State Road 434	
STREET ADDRESS	Suite 101	
CITY-ST-ZIP	Longwood, Florida 32750-4980	
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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-01 407-2601221

CR2E034 (10/00)