

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90046 009 \*\*\*150.00

**DOCUMENT # V38334**

1. Entity Name

**HANS R. SALHEISER, D.M.D., P.A.**

Principal Place of Business

Mailing Address

C/O ROBERT MANSBACH  
 315 E ROBINSON ST 600  
 ORLANDO FL 32801  
 US

C/O ROBERT MANSBACH  
 PO BOX 3000  
 ORLANDO FL 32802  
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3400 S. TAMiami TRl**

**3400 S. TAMiami TRl**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 203**

**SUITE 203**

City & State

City & State

**SARASOTA FL**

**SARASOTA, FL**

4. FEI Number

**59-3129546**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

Country

Zip

Country

**34239**

**U.S.A.**

**34239**

**U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT E MANSBACH, JR**  
**315 E ROBINSON ST**  
**STE 600**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>SALHEISER, HANS R</b>	<b>3400 S TAMiami TRl</b>	<b>SARASOTA FL 34239</b>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Hans R. Salheiser* **D.M.D. P.A.** **HANS R. SALHEISER DMD** **2/14/01** **941 952 5151**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

0001701

CR2E034 (10/00)