

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90189 011 ***150.00

DOCUMENT # V55649

1. Entity Name
PALM BEACH DENTAL, INC.

Principal Place of Business 1800 SW 7TH AVE POMPAO BCH FL 33060 US	Mailing Address 1800 SW 7TH AVE POMPAO BCH FL 33060 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0351391	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

~~KUSNICK, HOWARD A~~
**8211 W BROWARD BLVD
 PAINE WEBBER PLAZA SUITE 420
 FT LAUDERDALE FL 33324**

Name DAVID M. WHITE
Street Address (P.O. Box Number is Not Acceptable) 5719 NE 16 AVE
City FT. LAUDERDALE FL Zip Code 33334

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: *David M. White* **DAVID M. WHITE PRESIDENT** DATE: **4-10-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
V	RICHAR, ROBERT 4144 N FEDERAL HWY FT LAUDERDALE FL 33308		
P	WASSELLE, ALYCE 4144 N FEDERAL HWY FT LAUDERDALE FL 33308	P	WHITE, DAVID M. 1800 SW 7 AVE POMPAO BACH, FL 33060

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: *David M. White* DATE: **4-10-01** DAYTIME PHONE #: **954-943-0565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0122

CR2E034 (10/00)