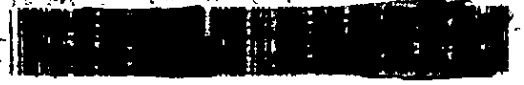


2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90076 016 ***150.00

DOCUMENT # V71947
1. Entry Name JOSEPH M. MENENDEZ D.D.S., P.A.
A AFFORDABLE DENTAL CARE CENTER OF Collier County
Principal Place of Business 4861 GOLDEN GATE PARKWAY
 NAPLES, FLORIDA 34116
Mailing Address 4861 GOLDEN GATE PARKWAY
 NAPLES, FLORIDA 34116

2. Principal Place of Business
 Suite, Apt. #, etc.
City & State
Zip **Country**
3. Mailing Address
 Suite, Apt. #, etc.
City & State
Zip **Country**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JOSEPH M. MENENDEZ D.D.S. P.A.
 AFFORDABLE DENTAL CARE CENTER
 4861 GOLDEN GATE PARKWAY
 NAPLES, FL 34116

4. FEI Number 65-0364000 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent's signature required when requesting)
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**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT-OWNER	☐ Delete
NAME	JOSEPH M. MENENDEZ	
STREET ADDRESS	4861 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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(2)(b), Florida Statutes. I further certify that the information contained on this report or supplements, 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 on Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph M. Menendez 4/22/2000 (941) 455-6676
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR