

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90092 037 ***150.00

0008804

DOCUMENT # P97000004674

1. Entity Name

HADDAD O.M.S. AND ASSOCIATES, P.A.

Principal Place of Business

**6 BROADWATER DR
 ORMOND BCH FL 32174
 US**

Mailing Address

**6 BROADWATER DR
 ORMOND BCH FL 32174
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3422182**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADDAD, RAYMOND D DMD
 6 BROADWATER DR
 ORMOND BCH FL 32174**

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	PD	<input type="checkbox"/> Delete
NAME	HADDAD, RAYMOND D DMD	
STREET ADDRESS	6 BROADWATER DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Raymond D. Haddad, D.M.D.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMOND D. HADDAD, D.M.D.

3-31-01 Date

(904) 615 1476 Daytime Phone #

CR2E034 (10/00)