

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90069 010 ***150.00

00388693

DOCUMENT # P99000048310

1. Entity Name

FAMILY DENTAL CARE MANAGEMENT, INC.

Principal Place of Business

1000 N ASHLEY DRIVE STE 520
 TAMPA FL 33602

Mailing Address

1000 N ASHLEY DRIVE STE 520
 TAMPA FL 33602

2. Principal Place of Business

1102 W. Cass St.

Suite, Apt. #, etc.

3. Mailing Address

1102 W. Cass St.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3581681

Applied For

Not Applicable

Zip

33606

Country

Zip

33606

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAVOUKLIS, CHRIS M
 1000 N ASHLEY DRIVE STE 604
 TAMPA FL 33602

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 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	D KAVOUKLIS, NICHOLAS M 1000 N ASHLEY DRIVE STE 520 TAMPA FL 33602	<input type="checkbox"/> Delete
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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:

[Signature]

2/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)