2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am **DOCUMENT # 600052 Secretary of State** JOSEPH A. SINGER, M.D., P.A. 02-22-2000 90026 002 ***150.00 Principal Place of Business Mailing Address 801 ARTHUR GODFREY RD. 801 ARTHUR GODFREY RD #402 715649 #402 MIAMI BCH FL 33140 MIAMI BCH FLA 33140-3323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0940647 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, JOSEPH A M.D. Street Address (P.O. Box Number is Not Acceptable) 801 ARTHUR GODFREY RD. #402 MIAMI BEACH FL 33140 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Defete TITLE ☐ Change Additio SINGER, JOSEPH A (ASST) NAME NAME 1000 W ISLAND BLVD #1609 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH FL CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Additi-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Additi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addit NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 of supplemental reports frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the leceiver 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 changed, or on an attachment with an address

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR