## FILED Apr 14, 2003 8:00 am

2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

Photograph Place of Equativess 200 AOPTH FLAGLER DRIVE WEST PALM BEACH FL 39407  2. Principal Place of Business Sulta, April #, etc. City & State City & State City & State  City & Stat	DOCUMENT # 600326  1. Entity Name FLAGLER MEDICAL ASSOCIATES, P.A.						Secretary of State 04-14-2003 90759 021 ***150.00			
Suite. Apt. #, etc.  City & State  City & St	2801 NORTH FLAGLER DRIVE 2801 NORTH FLAG			AGLER DRIVE						
City & Slate  Ci	Principal Place of Business     3. Mailing Address			dress						
Zip Country Zip Country 5. Certificate of Status Desired   SA-740ditional Rep Repulsery   S. Certificate of Status Desired   SA-740ditional Rep Repulsery   S. Certificate of Status Desired   S. Certificate of Status Desired Agent   T. Neme and Address of New Registered Agent   T. New Address of New Agent   T. New Address of New Registered Agent   T. New Address of New Agent   T. New Agent   T. New Agent   T. New Address of New Agent   T. New Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired   Fee Required   S. Certificate of Status Desired   Fee Required   Street Ausgrass (P.O. Box Number is Not Acceptable)  FLE Vip Code  Street Ausgrass (P.O. Box Number is Not Acceptable)  Street Ausgrass (P.O. B	City & State		City & State		<b>4.</b> f	FEI Number 59-1199726	1			
RATTINGER, MARK D. M.D. 2801 N. FLAGLER DR. WEST PALM BCH FL 33407  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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the proper of the proper of the proper of the proper of the pregistered agent.  SIGNATURE  FILE NOW!!! FLE IS \$150.00  After Ho	Zip	Country	Zip	Zip Count		5. (				
RATTINGER, MARK D. M.D. 2801 N. FLACLER DR. WEST PALM BCH FL 33407  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!! FEL S 150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  PATTINGER, MARK D  SIREST AUGRESS OUT ST-2P  WEST PALM BCH FL  TIME  WAS  STEINBERG, ROBERT A.  SIREST AUGRESS OUT ST-2P  WEST PALM BCH FL  Delete  TIME  NAME  STEIN BERG, ROBERT A.  SIREST AUGRESS OUT ST-2P  TIME  WEST PALM BCH FL  Delete  TIME  NAME  STEIN BERG, ROBERT A.  SIREST AUGRESS OUT ST-2P  TIME  NAME  STEIN BERG, ROBERT A.  SIREST AUGRESS OUT ST-2P  TIME  NAME  STEIN BERG, ROBERT A.  SIREST AUGRESS OUT ST-2P  TIME  NAME  STEIN BERG, ROBERT A.  SIREST AUGRESS OUT ST-2P  TIME  NAME  STEIR AUGRESS OUT	Name and Address of Current Registered Agent				<del></del>					
Signature Signature requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the octlogations of registered agent.    3-12-0	RATTINGER, MARK D. M.D. 2801 N. FLAGLER DR.									
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Firsted Department of State  10. OFFICERS AND DIRECTORS	WEST PAI	LM BCH FL 33407			City		FL	Zip Code		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CIT	SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution Added to Fees									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND DI	RECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	NAME STREET ADDRESS	RATTINGER, MARK D 2801 N. FLAGER DR.		NAME STREE	NAME STREET ADDRESS			] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	STEINBERG, ROBERT A. 2801 N. FLAGLER DR.		NAME STREE	NAME Street Address			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ROTHMAN, DAVID L. 2801 N FLAGLER DRIVE		NAME STREE	NAME STREET ADDRESS			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			] Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certificated in Section 119.07(3)(iii), Florida Statutes. I further ce	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	ET ADDRESS ST-ZIP					

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03

Daytime Phone #