FILED

Mar 22, 2002 8:00 am

CR2E034 (9/01

## **2002 UNIFORM BUSINESS REPORT (UBR)**

**Secretary of State** J80622 DOCUMENT # 1. Entity Name 03-22-2002 90043 001 \*\*\*150.00 LAWRENCE A. TEPPER AND ALLEN F. SCHULTZ, D.O., P Principal Place of Business Mailing Address 10111 % LAWRENCE A. TEPPER DO % LAWRENCE A. TEPPER DO 2051 45TH ST #107 2051 45TH ST #107 W PALM BEACH FL 33407 W PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2820471 Not Applicable Ζiþ 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 Name TEPPER, LAWRENCE A. DO Street Address (P.O. Box Number is Not Acceptable) 2051 45TH ST #107 W PALM BEACH FL 33407 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, 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete Change ☐ Addition TEPPER, LAWRENCE ANDREW NAME NAME STREET ADDRESS 2051 45TH STREET, SUITE 107 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐1 Change ☐ Addition NAME SCHULTZ, ALLEN F NAME STREET ADDRESS 2051-45TH STREET, SUITE 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP w. Palm Beach Fl TITLE -- 🖸 Delete - - - -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change TITLE Addition NAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

nent with an address, with all other like empowered