

06-12-2003 90008 005 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # K04157</b>		 90139420													
1. Entity Name <b>DR. NOTES, INC.</b>															
Principal Place of Business 600 FAIRWAY DRIVE SUITE 210 DEERFIELD BEACH, FL 33441 US		Mailing Address 600 FAIRWAY DRIVE SUITE 210 DEERFIELD BEACH, FL 33441 US													
2. Principal Place of Business <b>5201 CONGRESS AVE</b>		3. Mailing Address <b>SAME</b>													
Suite, Apt. #, etc. <b>C 200</b>		Suite, Apt. #, etc. <b>SAME</b>													
City & State <b>BOCA RATON, FL.</b>		City & State <b>SAME</b>													
Zip <b>33487</b>		Country <b>USA.</b>													
4. FEI Number <b>65-0036909</b>		Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>GARCIA, ANGEL M M.D. 600 FAIRWAY DRIVE, SUITE 210 DEERFIELD BEACH, FL 33441</b>													
7. Name and Address of New Registered Agent Name <b>ANGEL M. GARCIA, M.D.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>5201 CONGRESS AVE, SUITE C200</b> City <b>BOCA RATON</b> FL <b>33487</b>		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: <u><i>Angel M. Garcia, M.D.</i></u> <b>6/7/03</b> DATE													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS													
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">                 TITLE: <input type="checkbox"/> Delete                  NAME: <b>GARCIA, ANGEL M</b>                  STREET ADDRESS: <b>600 FAIRWAY DRIVE, SUITE 210</b>                  CITY-ST-ZIP: <b>DEERFIELD BEACH, FL 33441</b> </td> <td style="width: 50%;">                 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition                  NAME: <b>ANGEL M. 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CFR2034 (10/02)

Attachment  
90139420  
K04157

4/16/2003

Florida Department of State

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One Hundred Fifty and 00/100\*\*\*\*\*

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

2003 UBR for Dr. Notes, Inc.65-0036909

Florida Department of State

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DWW-Wachovia

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