

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-23-2002 90345 031 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017570

1. Entity Name
CORINA COLLIN CENTER, LLC

Principal Place of Business
15 SOUTHWEST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33439

Mailing Address
5258 LINTON BOULEVARD, SUITE 101
DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address

Subs., Apt. #, etc.

Subs., Apt. #, etc.

City & State

City & State

4. FEI Number
65-1144346

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORARIU, M. ALBIN MD.
5258 LINTON BOULEVARD, #101
DELRAY BEACH FL 33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, Name or printed name of registered agent and date of registration)

(NOTE: Registered Agent Signature Required when necessary)

Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORARIU, M. ALBIN MD 5258 LINTON BLVD., STE. 101 DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee appointed to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

~~SIGNATURE REQUIRED~~

7/19/02 (501) 999-4667

Signature and typed or printed name of existing managing member, receiver, or authorized representative

Date

Signature Name of

CRS003 (4/02)