

**2002 UNIFORM BUSINESS REPORT (UBR)**

**PENDING**  
 01-23-2003 90165 016 \*\*\*750.00  
 FILED P00000010389

03 FEB 13 AM 10:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

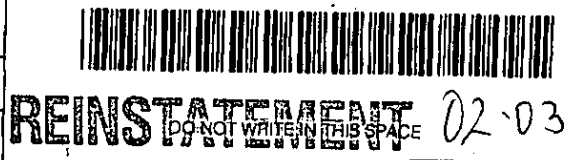
**DOCUMENT # P00000010389**  
 1. Entity Name  
**DR. MATTHEW C. SUPRAN, P.A.**

Principal Place of Business  
 2275 SOUTH FEDERAL HWY SUITE 280  
 DELRAY BEACH FL 33483

Mailing Address  
 2275 SOUTH FEDERAL HWY SUITE 280  
 DELRAY BEACH FL 33483

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



6. Name and Address of Current Registered Agent  
**SUPRAN, MATTHEW C**  
 2275 SOUTH FEDERAL HWY SUITE 280  
 DELRAY BEACH FL 33483

4. FEI Number **65-0989468** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 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]* DATE **1-18-03**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SUPRAN, MATTHEW C 2275 SOUTH FEDERAL HWY SUITE 280 DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment thereto, with all other like empowered.

SIGNATURE: *[Signature]* **NOTARIZATION REQUIRED** DATE **1-18-03** DAYTIME PHONE # **561-278-2200**

CR2E034 (4/02)