2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90199 042 ***150.00

DOCUMENT # P02000017847

1. Entity Name
DR. DANIEL BRANDWEIN, P.A.

Principal Place of Business
10900 RED HAWK ROAD
PLANTATION FL 33324

Mailing Address
10900 RED HAWK ROAD
PLANTATION FL 33324

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1170 C E. Hallandale Bch. Blvd.	318 Indian Trace Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB #255
City & State: Hallandale, FLA.	City & State: Weston, FLA.
Zip: 33009 Country: USA.	Zip: 33326 Country: USA.

4. FEI Number: 010654147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDWEIN, DANIEL DR.
10900 RED HAWK ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: Dr. Daniel Brandwein
Street Address (P.O. Box Number is Not Acceptable): 1170 C E. Hallandale Beach Blvd.
City: Hallandale **FL** Zip Code: 33009.

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] 1/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dr. Daniel Brandwein, Pa. 1170 C E. Hallandale Beach Blvd. Hallandale, FLA. 33009 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/20/03 954 389 7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #