2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90110 018 ***150.00

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DOCUMENT # P02000064569

1. Entity Name
LOUIS J. RASO, M.D., P.A.

Principal Place of Business
5790 DIXIE BELL ROAD
PALM BEACH GARDENS FL 32418

Mailing Address
5790 DIXIE BELL ROAD
PALM BEACH GARDENS FL 32418

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2141 South Alt A1A.	239 River Drive
Suite, Apt. #, etc.: #130 - Suite	Suite, Apt. #, etc.
City & State: Jupiter Fl	City & State: Tequesta, FL
Zip: 33477 Country	Zip: 33469 Country

4. FEI Number 03-0459843 — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGER, MICHAEL S ESQ. 3801 PGA BOULEVARD SUITE 802 PALM BEACH GARDENS FL 33410	Name: Louis J. Raso, M.D. Street Address (P.O. Box Number is Not Acceptable): 239 River Drive City: Tequesta FL Zip Code: 33469

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 7/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After September 10, 2003 Fee will be $750.00
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	P RASO, LOUIS J M.D. 5790 DIXIE BELL ROAD PALM BEACH GARDENS FL 32418 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Louis J. Raso, MD 239 River Drive Tequesta, Fl 33469 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Louis J. Raso, MD 239 River Drive Tequesta, Fl 33469 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 [signature] MD 7/16/03 (561) 741-1588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment
P02000064569
90146091

Louis J. Raso, M.D.

Pain Management
Three Palms Center
2141 South Alternate A1A
Suite 130
Jupiter,
Florida 33477
561-741-1588
Fax 561-741-1123

July 15, 2003

Florida Department of State
Secretary of State: Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

I am asking that the $400.00 late fee be waived since my corporation, which is in its first year of existence, did not receive a prior annual report notice. Thank you in advance for consideration into this matter. Enclosed is a check for $150.00.

Sincerely,

Louis J. Raso, M.D.