FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91442 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000066806

1. Entity Name
DARLENE DEEGAN P.A., ~~INC.~~

55046331

Principal Place of Business	Mailing Address
3317 N.E. 37 STREET FT. LAUDERDALE FL 33308	3317 N.E. 37 STREET FT. LAUDERDALE FL 33308

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5907 Beverly Dr	P. O. Box 39332
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hudson Florida	City & State: Fort Lauderdale, FL.
Zip: 34667 Country: U.S.A.	Zip: 33339 Country: U.S.A.

4. FEI Number 35-2172070 ☐ 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
DEEGAN KRASKIEWICZ, DARLENE 3317 N.E. 37 STREET FT. LAUDERDALE FL 33308	Name: Darlene Deegan Street Address (P.O. Box Number is Not Acceptable): 5907 Beverly Drive City: Hudson FL Zip Code: 34667

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: Darlene Deegan DATE: 4-29-2003
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 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	PSD DEEGAN KRASKIEWICZ, DARLENE 3317 N.E. 37 STREET FT. LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Darlene Deegan 5907 Beverly Dr Hudson, FL, 34667 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 Darlene Deegan 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #