


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 019 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P02000120550*

1. Entity Name
 David A. Husson PA



DO NOT WRITE IN THIS SPACE

20041282

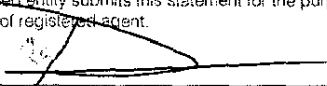
2. Principal Place of Business 4801 S. University Drive Suite, Apt. #, etc. 302		3. Mailing Address 4801 S. University Drive Suite, Apt. #, etc. 302	
City & State Davie, FL		City & State Davie, FL	
Zip 33328	Country USA	Zip 33328	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>141856167</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name David Husson	
	Street Address (P.O. Box Number is Not Acceptable) 4801 S. University Drive, #302	
	City Davie	FL Zip Code 33328

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  DATE 4-30-03

Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-installing)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Husson, President 15641 SW 16 Street Pembroke Pines, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4-30-03 DAYTIME PHONE # 954-652-2556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #