2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State
01-27-2001 90058 048 ***150.00

DOCUMENT # P93000023695

1. Entity Name
JOYCE E. STROM, PH.D, R.N., P.A.

Principal Place of Business	Mailing Address
8865 N.W. 55 PL CORAL SPRING FL 33076 US	8865 N.W. 55 PL CORAL SPRINGS FL 33076 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4627 NW 58 Ave	4627 NW 58 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Fl	City & State: Coral Springs, Fl
Zip: 33067 Country: US	Zip: 33067 Country: US

4. FEI Number 65-0403567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STROM, JOYCE E
8865 N.W. 55 PLACE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name: Joyce E Newcomb
Street Address (P.O. Box Number is Not Acceptable): 4627 NW 58 Ave
City: Coral Springs FL Zip Code: 33067

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.

SIGNATURE: Joyce E Newcomb — DATE: 1/18/01
Signature, typed or printed name of registered agent and title if applicable. (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 $150.00
After MAY 1, 2001 Fee will be $550.00
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

TITLE	D	☒ Delete
NAME	~~STROM~~, JOYCE E	
STREET ADDRESS	~~8865 NW 55 PLACE~~ 4	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		☐ Delete
NAME	Newcomb, Joyce E	
STREET ADDRESS	4627 NW 58 Ave	
CITY-ST-ZIP	Coral Springs, Fl 33067	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 with an address, with all other like empowered.

SIGNATURE: Joyce E Newcomb — Date: 1/18/01 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR