

FILED

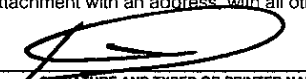
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90481 003 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000008080				Mar 14, 2001 8:00 am			
1. Entity Name DAVID O. KATEB, M.D., P.A.				Secretary of State 03-14-2001 90481 003 ***150.00			
Principal Place of Business 5050 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445		Mailing Address 5050 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445		751289  DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0635400		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent KATEB, DAVID O 5050 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent	
Zip		Country		City		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KATEB, DAVID O 5050 WEST ATLANTIC AVENUE DELRAY BEACH FL 33445				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Delete ☐				Change ☐ Addition ☐			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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Delete ☐				Change ☐ Addition ☐			
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: 				3-7-01 56-637-3935			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			