

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90020 002 *****8.75
 01-10-2001 90020 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000049377

1. Entity Name
3MD ASSOCIATES, INC.

Principal Place of Business: **2645 E ATLANTIC BLVD
 POMPANO BEACH FL 33062**

Mailing Address: **8527 OLD COUNTRY MANOR
 #501
 DAVIE FL 33328**

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State: Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State: Zip Country

4. FEI Number: **65-0673156** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**MACKENZIE, DAWN
 8527 OLD COUNTRY MANOR
 #501
 DAVIE FL 33328**

7. Name and Address of New Registered Agent
 Name: Street Address (P.O. Box Number is Not Acceptable): 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: _____ DATE: _____
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. **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	PD MACKENZIE, DAWN M 8527 OLD COUNTRY MANOR, SUITE 501 DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, D. CLARK 7610 STIRLING RD #E203 HOLLYWOOD FL 33-024. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dawn Mackenzie* **01/03/01** **305 870 2608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **954 782 1967**

CRE034 (10/00)