2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # \$36011** 1. Entity Name HARLEY V. STOCK, PH.D., P.A. 4-26-2001 90247 015 ***150.00 Principal Place of Business Mailing Address 744 N.W. 101ST TERR 744 N.W. 101ST TERR PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0253524 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINGER, BERNARD A. Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN ST. SUITE B HOLLYWOOD FL 33021 City 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 Floricia. Signature, typed or printed name of registered agent and the if applicable. (NOTE Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TiTiE TITLE ☐ Delete Change Addition STOCK, HARLEY V. NAME NAME 744 N.W. 101ST TERR STREET ADDRESS STREET ADDRESS PLANTATION FL DITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addit on STOCK, HARLEY V. NAME NAME 744 N.W. 101ST TERR STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLANTATION FL CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY - ST - ZIP

STREET ADDRESS

CITY - ST- ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-452-0434

Change

Addition