2003 FOR PROFIT CORPORATION

Mailing Address

MARGATE FL 33063

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

#203

2825 N. STATE ROAD 7

UNIFORM BUSINESS REPORT (UBR K43938 DOCUMENT # 1. Entity Name NORTHWEST BROWARD PODIATRY ASSOCIATES P.A.

Principal Place of Business

2. Principal Place of Business

LIEBERMAN, JAY A DPM

After May 1, 2003 Fee will be \$550.00

2825 W STATE RD 7

2825 N. STATE ROAD 7

Suite, Apt. #, etc.

City & State

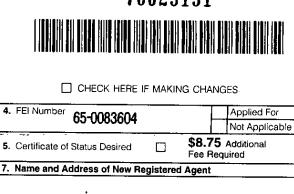
MARGATE FL 33063

#203



03-05-2003 90092 020 ***150.00

70025131



DATE

#203 MARGATE FL 33063 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 Florida. I am familiar with, and accept the obligations of registered agent.

Country

Name

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing Trust Fund Contribution.

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE ☐ Delete TITLE ☐ Change ☐ Addition LIEBERMAN, JAY A DPM NAME NAME STREET ADDRÉSS 2825 N STATE RD 7 #203 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with the 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 Block 11 if with all other like empowered.

SIGNATURE: X

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)