2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K23722

Entity Name: SCOTT D. SMOLLER, M.D., P.A.

Apr 21, 2003 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

333 NORTHWEST 70 AVENUE 260 SW 84TH AVENUE SUITE 107 SUITE D

PLANTATION, FL 33317 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

333 NORTHWEST 70 AVENUE 260 SW 84TH AVENUE SUITE 107 SUITE D PLANTATION, FL 33317 PLANTATION, FL 33324

FEI Number: 65-0063092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOBEL, STUART H. %SIEGFRIED RIVERA/LERNER DELA TORRE 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

SMOLLER, SCOTT D., SMOLLER, SCOTT D., Name: Name:

333 NW 70TH STREET #107 Address: 260 SW 84TH AVENUE, SUITE D Address: City-St-Zip: PLANTATION, FL 33317 US City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT D. SMOLLER 04/21/2003 DR