Mailing Address .

5714 GUAVA DR

3. Mailing Address

City & State

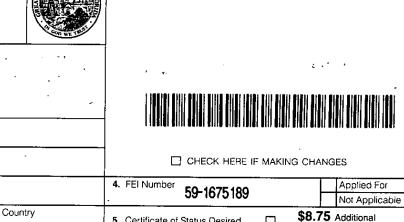
Suite, Apt. #, etc.

TAMARAC FL 33319

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF DOCUMENT # 505685 1. Entity Name ALBERT R. BROWN, D.P.M., P.A.



03-03-2003 90857 013 ***150.00



7. Name and Address of New Registered Agent

Name BROWN, ALBERT R. 4879 COCOUNT CREEK PKWY COCOUNT CREEK FL 33066

Ζip

Street Address (P.O. Box Number is Not Acceptable)	
707	*161
 City	Zip Code

5. Certificate of Status Desired

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.

11.

Signature, typed or printed name of registered agent and title if applicable

Principal Place of Business

COCONUT CREEK FL 33066

4879 COCONUT CREEK PKWY

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

10.

•	FILE	NOW!!!	FEE	IS	\$150.00		
Aft	ter Ma	y 1, 2003	Fee	will	be \$550.00		

OFFICERS AND DIRECTORS

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Fee Required

NAME STREET ADDRESS CITY-ST-ZIP	BROWN, ALBERT R. 5714 GUAVA DR TAMARAC FL 33319	L_l Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROWN, ESTHER 5714 GUAVA DR TAMARAC FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	6
NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, STEVEN DR. 5714 GUAVA DR TAMARAC FL 33319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Admire promote :	- Jan 1997	er#to is so.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			···	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	

12. 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 10 or Block 11 if of the corporation or the recei

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE: '

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

R. BROWN 1/6/03 (954) 9

☐ Change

Addition