## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# 540870



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90945 033 \*\*\*150.00

| Display Place of Business   200 N.W. 47th AVE   200 N.W. 47th AV       | FINGERE                               | R AND ROFFMAN, M.D., P   | <b>.A</b> .              | V                      |                            |   |                       |   |                 |  |
|--|---------------------------------------|--|--------------------------|------------------------|----------------------------|---|-----------------------|---|-----------------|--|
| Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  City & St     | 3001 N.W. 49TH AVE. 3001 N.W. 49TH A  |  |                          | AVE.                   |                            |   |                       |   |                 |  |
| City & State  Country  Country  Country  Country  Country  Country  Country  S. Cortificate of Status Centred  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Sirest Address (P.C. Box Number is Not Acceptable)  Sirest Address (P.C. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorids. I can familiar with, and accept in a obligation of registered agent.  SIGNATURE  Signature  Signature  Signature  Signature  City  FL Zip Code  Atter May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Reyable to Princip Defect  Name  SIREL NOWILI FEE IS \$150.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME  SIREL ADDRESS  CITY-ST-2P  DIRE  NAME  SIREL ADDRESS  CITY-ST-2P  CITY-ST-2P  TILE  NAME  SIREL ADDRESS  CITY-ST-2P  TILE  TILE  NAME  SIREL ADDRESS  CITY-ST-2P  TILE  T | 2. Principal F                        | Place of Business  | 3. Mailing Address       |                        |                            | -<br>- 140   El Buille Blain Baink (1811)   | 1817 BYBIT BYBIT BUBI |   |                 |  |
| Zip Country Zip Country S. Certificate of Status Desired St. 75 Additional For Required Agent 7. Name and Address of New Registered Agent 8. Name Name 1.      | Suite, Apt.                           | #, etc.  | Suite, Apt. #, etc.      |                        |                            | ☐ CHECK HERE IF MAKING CHANGES              |                       |   |                 |  |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Election Campaign Financing  9. S. DO May Benderia Agent Magnes Agent A     | City & State                          |  | City & State             |                        |                            | 4. FEI Number 59-1751625                    | <b>-</b>              | <del>                                      </del> |                 |  |
| Name   Street Address (P.O. Box Number is Not Acceptable)  |                                       |  |                          |                        | itry                       |   | Fee Requir            |   | ]               |  |
| FINGERER, WALTER M. 3001 N.W. 49TH AVENUE LAUDERDALE LAKES FL  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SPANIAN, typed or private name of requested agent and the first agents.  (NOTE fragament Agent sphares requested agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  SPANIAN, typed or private name of requested agent and the first sphares.  (NOTE fragament Agent sphares requested agent, or both, in the State of Florida. It am familiar with, and accept the first sphares.  SIGNATURE  SPANIAN, typed or private name of requested agent and the first sphares.  (NOTE fragament Agent sphares requested agent, or both, in the State of Florida. It am familiar with, and accept the first sphares.  (NOTE fragament Agent sphares requested agent, or both, in the State of Florida. It am familiar with, and accept the first sphares with sphares with and accept the first sphares with      | <u> </u>                              | 6. Name and Address of Current                                       | Registered Agent         | · <del></del>          | <del></del>                |   |                       |   |                 |  |
| 3001 N.W. 49TH AVENUE LAUDERDALE LAKES FL  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE       |                                       |  | <u> </u>                 | Name                   |                            |   |                       | -   |                 |  |
| Eith above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   Symans, typical or primed name of registered agent with its propheside.   (NOTE fragosaned Agent separative required when reintating)   DATE  | 3001 N.W. 49TH AVENUE                 |  |                          |                        | Street Address (F          | P.O. Box Number is Not Acceptable)          |                       |   |                 |  |
| B. 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.  SIGNATURE  Signature, typed or printed name of registered agent and the # applicable.  INOTE Registered Agent segnature required when reintating)  OATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME SIREET ADDRESS CITY- ST-2P  FINGERER, WALTER M. 3001 NW 49TH AVENUE LAUDERDALE LAKES FL  TILE  PD FINGERER, WALTER M. 3001 NW 49TH AVENUE LAUDERDALE LAKES FL  TILE  NAME SIREET ADDRESS CITY- ST-2P  TILE  Delete  TILE  Delete  TILE  Delete SIREET ADDRESS CITY- ST-2P  Addition AMAE SIREET ADDRESS CITY- ST-2P  TILE  Delete SIREET ADDRESS CITY- ST-2P  TILE  DELETE CORRESS CITY- ST-2P  TILE  TILE  DELETE CORRESS CITY- ST-2P  TILE  TILE  DELETE CORRESS CITY- ST-2P  TILE     | LAUDERD.                              | ale lakes fl   |                          |                        | i                          |   |                       |   |                 |  |
| the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and the it applicable. (NOTE/ Registered Agent exprature required when retinabling)  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME SIREET ADDRESS CITY-51-2IP  TITLE  PD FINGERPE, WALTER M. 3001 NW 49TH AVENUE LUDERDALE LAKES FL  TITLE  NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE NAME SIREET ADDRESS CITY-51-2IP  TITLE S   |                                       |  |                          |                        | City                       |   | L Zip Co              | de  | 1               |  |
| SIGNATURE    Signature, typed or printed name of registered agent and title   Text   Trust Fund Contribution.   DATE    FILL NOW!!!   FEE IS \$150.00     After May 1, 2003 Fee will be \$550.00     Make Check   Payable to Florida Department of State     10.   | the obligat                           | named entity submits this statement for<br>ions of registered agent. | r the purpose of chang   | ging its registere     | ed office or registere     | ed agent, or both, in the State of Florida. | am familiar with      | , and accept                                      |                 |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.  | !                                     |  |                          |                        |                            |   |                       |   | 1               |  |
| FILE NOW!!! FE IS STSLO.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WPD  ROFFMAN, GEORGE D., M.D. 3001 NW 49TH AVENUE  LAUDERDALE LAKES FL  TITLE  MAME  FINGERER, WALTER M. 3001 NW 49TH AVENUE  CITY-ST-ZP  LAUDERDALE LAKES FL  TITLE  MAME  STREET ADDRESS  CITY-ST-ZP  MAME  STREET ADDRESS   | ·, •                                  | Signature, typed or printed name of registered agent                 | and title if applicable. |                        | d Agent signature required | when reinstating) DA                        | TË                    |   |                 |  |
| TITLE NAME STREET ADDRESS SOI NW 49TH AVENUE LAUDERDALE LAKES FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | F After                               | May 1, 2003 Fee will be \$550.00                                     | f State                  | *t                     |                            |   | \$5.0<br>Adde         | 00 May Be<br>d to Fees                            |                 |  |
| TITLE NAME STREET ADDRESS SOI NW 49TH AVENUE LAUDERDALE LAKES FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | 10                                    | OFFICERS AND   | DIRECTORS                | 11.                    |                            | ADDITIONS/CHANGES TO OFFICERS               | AND DIRECTOR          | RS IN 11  | 1               |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS                | VPD<br>ROFFMAN, GEORGE D., M.D.<br>3001 NW 49TH AVENUE               |                          | NAMI<br>STRE           | E<br>Et address            |   |                       |   | CR2E034 (10/02) |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | NAME<br>STREET ADDRESS                | FINGERER, WALTER M.<br>3001 NW 49TH AVENUE                           |                          | NAME<br>STREE          | ET ADDRESS                 |   | ☐ Change              | Addition  | CR2             |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | TITLE                                 | - Delete   |                          | TITLE                  |                            |   | ☐ Change              | ☐ Addition  |                 |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS   | STREET ADDRESS                        |  |                          | STREE                  | ET ADDRESS                 |   |                       |   |                 |  |
| NAME STREET ADDRESS STREET ADDRESS   | NAME<br>STREET ADDRESS                |  | ☐ Delete                 | NAME<br>STREE          | ET ADDRESS                 |   | ☐ Change              | Addition  |                 |  |
| I  | NAME<br>Street Address                |  | ☐ Delete                 | NAME<br>STREE          | ET ADDRESS                 |   | ☐ Change              | Addition  |                 |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP  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   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ertify that the intermedian complicate with                          |                          | NAME<br>STREE<br>CITY- | T ADDRESS<br>ST-ZIP        | tion 110 07/0V() Elevida Crassas U          |                       |   |                 |  |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 changed, or on an attachment withying address, writh all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03