2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # 543459 **Secretary of State** 1. Entity Name 02-13-2002 90212 044 ***150 00 IDA SEBASTIAN, M.D., P.A. Principal Place of Business Mailing Address 1520 10TH AVENUE NORTH, STE A 1520 10TH AVENUE NORTH, STE A LAKEWORTH FL 33460 LAKEWORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1765580 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEBASTIAN: M D----Street Address (P.O. Box Number is Not Acceptable) 4526 ST ANDREWS DR **BOYNTON BEACH FL 33436** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE PDS TITLE ☐ Change Addition ☐ Delete SEBASTIAN, IDA NAME NAME STREET ADDRESS 4526 ST ANDREWS DR STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH, FL 33436** CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME GNANASEELAN, LIONEL STREET ADDRESS STREET ADDRESS 1520 10TH AVE, N. SUITE A CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME PERAMUNE, NANCY K STREET ADDRESS STREET ADDRESS 9930-3 PINEAPPLE TREE DRIVE #109 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

1-13-02 58/5862236