

FILED
Jan 13, 2003 8:00 am
Secretary of State

0265878 AV

1. Entity Name
IRA POZEN, P. A.



Mailing Address
9130 S. DADELAND BLVD.
1510
MIAMI FL 33156
US

3. Mailing Address

9990 SW 77 AVENUE

Suite, Apt. #, etc.

PENTHOUSE TWO

City & State
Miami FL 33134

Country
USACountry
USA

7. Name and Address of New Registered Agent

Name POZEN, IRA

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

9990 SW 77 Avenue

PENTHOUSE TWO

City Miami, FL

FL

Zip Code
3356-2661

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.

SIGNATURE Lee POZEN
Signature, typed or printed name of registered agent and title if applicable. (NOTE

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Delete☐ Delete

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POZEN POZEN, ISA		
STREET ADDRESS	9990 SW 70 AVENUE, PENTHOUSE TWO		
CITY-ST- ZIP	MIAMI, FL 33156-2661		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	

STREET ADDRESS
CITY - ST - 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED POZEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/03 305-596-2345

Date _____

Daytime Phone # _____

CR2E034 (10/02)