2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 563746** Jan 12, 2000 8:00 am **Secretary of State** SOBEL & SOFMAN, M.D., P.A. 01-12-2000 90041 047 ***150.00 Mailing Address Principal Place of Business 4340 SHERIDAN ST. 4340 SHERIDAN ST. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3512 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1824908 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOBEL, STUART A. Street Address (P.O. Box Number is Not Acceptable) 4340 SHERIDAN ST. **UNIT 101-C** HOLLYWOOD FL 33021 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PD TITLE TITLE □ Defete SOBEL, STUART A. NAME NAME STREET ADDRESS STREET ADDRESS 3700 N. 54 AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change Addition ☐ Delete TITLE TITLE SOBEL, ELEANOR NAME NAME STREET ADDRESS STREET ADDRESS 3700 N. 54 AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition Change TITLE ☐ Delete TITLE SOFMAN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1683 SW 116 AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 strue 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.

NAME OF SIGNING OFFICER OR DIRECTOR