2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am DOCUMENT # 566672 1. Entity Name **Secretary of State** THORNBURGH, GARBER & KETABCHI, M.D., P.A. 02-05-2001 90136 022 ***150.00 Principal Place of Business Mailing Address 605 SAN MARCO DR 605 SAN MARCO DR FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1798986 Not Applicable Zip Country Zip 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 GARBER HAROLD E Street Address (P.O. Box Number is Not Acceptable) 605 SAN MARCO DRIVE FT. LAUDERDALE FL 33301 Zip Code 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE THORNBURGH, DAVID B NAME NAME 420 W SAN MARINO DR STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change GARBER, HAROLD E. NAME NAME 605 SAN MARCO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP VSD Addition TITLE ☐ Delete TITLE MASOUD, KETABCHI NAME NAME STREET ADDRESS 7245 GLENEAGLE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKE FL 33014 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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