## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2000 8:00 am DOCUMENT # 593188 Entity Name **Secretary of State** DCA OF LAKE WORTH, INC. 03-02-2000 90118 025 \*\*\*150.00 Principal Place of Business Mailing Address 700 NW 107TH AVENUE 700 NW 107TH AVENUE 4TH FLOOR 4TH FLOOR MIAMI FL 33172-3161 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1863953 Not Applicable Zip Country Zip \$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 MCCAIN, DAVID B., ESQ. Street Address (P.O. Box Number is Not Acceptable) 700 NW 107TH AVENUE 4TH FLOOR **MIAMI FL 33172** 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ■ Addition TITLE □ Delete MILLER, LEONARD NAME STREET ADDRESS 700 NW 107TH AVENUE STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Delete ☐ Change TITLE MILLER, STUART A NAME 700 NW 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change Addition TITLE ☐ Delete TITLE NAME PEKOR, ALLAN J. NAME 700 NW 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE MALCOLM, WAYNEWRIGHT NAME NAME STREET ADDRESS 700 NW 107TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33172 ☐ Addition ☐ Change ☐ Delete TITLE MCCAIN, DAVID B NAME STREET ADDRESS STREET ADDRESS 700 NW 107TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition Change AS ☐ Delete TITLE TITLE SIERRA, E. KATHLEEN NAME NAME STREET ADDRESS 700 NW 107TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 13. Thereby 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. DAVID B. WICCAIN DAVID B. MICCAIN

VICE PRESIDENT

Daytime Phone #

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: