2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # 594928 1. Entity Name 01-15-2002 90068 008 ***150.00 NEIL A. BEINHAKER, M.D., P.A. Principal Place of Business Mailing Address 4060 C SHERIDAN ST 4060 C SHERIDAN ST HOLLYWOOD FL 33021-3560 HOLLYWOOD FL 33021-3560 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 59-1871212 Not Applicable 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 BEINHAKER, NEIL A Street Address (P.O. Box Number is Not Acceptable) 4060 C SHERIDAN ST HOLLYWOOD FL 33021 MOTOR T 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE. Change ☐ Addition BEINHAKER, NEIL A NAME NAME 4060 C SHERIDAN ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP OD H COSA TITLE KEE (A) ☐ Delete TITLE Change Addition grade in the page of the co NAME(£ 20 € NAME STREET; ADDRESS STREET ADDRESS ر د معجد در مدوه د مغدد در مدوه CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 is infidicated 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 of expected 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 a address, with all the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/02

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FILED

Daytime Phone #