2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # 598300 Sep 14, 2000 8:00 am 1. Entity Name Secretary of State TIM WEATHERFORD, M.D., P.A. 09-14-2000 90008 017 ***550.00 Principal Place of Business Mailing Address 2800 SO SEACREST BLVD 2800 SO SECREST BLVD STE 114 B **STE 114B** BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address GLOUCHESTER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BO CA BOCA 4. FEI Number Applied For City & State 59-1867258 Not Applicable Zip \$8.75 Additional ALM BEACH 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEATHERFORD, TIM 2800 S SEACREST BLVD SUITE 114-B **BOYNTON BCH FL 33435** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE,IS, \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 A Change TITLE Delete TITLE HODRESS WEATHERFORD, JANICE NAME 772 GLOWCHESTER NAME STREET ADDRESS 2800 S SEACREST BLVD 114B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** TITLE Delete NAME WEATHERFORD, TIM 172 GLOUCHESTER 57: STREET ADDRESS 2800 \$ SEACREST BLVD 114B STREET ADDRESS BOCA RATON, FL, 33487 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE Déléte TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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