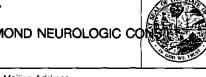
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 600534 DOCUMENT #

1. Entity Name

Dringing Black of Dringing

NORMAN, FLATEN, TODD AND HAMMOND NEUROLOGIC ULTANTS, P.A.



Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90245 028 \*\*\*150.00

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CONSULTANT 1841 NE 45TH FORT LAUDER		CONSULTANTS. P.A.  1841 NE 45TH STREET FORT LAUDERDALE FL 33308							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	е	City & State			4.	FEI Number 59-1224054		oplied For ot Applicable	
Zip	Country	Zip	Countr	у	5.		<b>\$8.75</b> Add Fee Require		
6. Name and Address of Current Registered Agent					· 7.	Name and Address of New Registered	gent		
				Name					
FLATEN, F			Street Addres		idress (P.O.	s (P.O. Box Number is Not Acceptable)			
1841 N E	45TH ST		ļ						
FORT LAUDERDALE FL 33308								-	
				City	FL 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
10. OFFICERS AND DIRECTORS 11			11.		Α	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMMOND, THOMAS		TITLE NAME STREET ADDRESS GITY-ST-ZIP			·	Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TODD, H. MURRAY 3701 N.E. 24 AVENUE LIGHTHOUSE PT, FL 00000	☐ Delete	TITLE NAME STREET	ADDRESS	DIREC	TOR + PRESIDENT	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JONATHAN 3761 NW 99TH AVE CORAL SPRINGS FL	- Delete Serv	NAME	ADDRESS			Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC FLATEN, PAUL 2357 NE 30TH COURT LIGHTHOUSE PT FL	☐ Delete ·	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	DIREC		<b>X</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWERDLOFF, MARC 5012 CHARDONNARY DR CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		TOR + TREASURER	Change Change	☐ Addition	
TITLE NAME: STREET ADDRESS CITY-ST-ZIP	DT TARRAS, SETH 1443 NW 127TH WAY CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	DIREC	TOR + ASST. SEC + TREAS.	Change	Addition	

12. 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 10 or Block 11 if indicated on this report or supplemental report true and of the corporation or the receiver or trustee employed to changed, or on an attachment with an addicate with all of

SIGNATURE:

SIGNATURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. MURRAY TODD