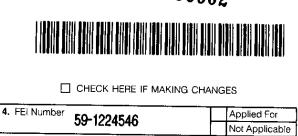
FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90292 039 ***150.00

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6. Name and Address of Current Registered Agent NEWBERG, NEIL R. 1016 TEMPLE GROVE

2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

601 E COLONIAL DRIVE

ORLANDO FL 32803

UNIFORM BUSINESS REPORT (UBR

600587

Street Address (P.O. Box Number is Not Acceptable). <u>601 E. Colonial Dr.</u>

7. Name and Address of New Registered Agent

Zip Code 32803 Orlando

Trust Fund Contribution.

5. Certificate of Status Desired

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.

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

WINTER PARK FL 32789

601 E COLONIAL DRIVE

ORLANDO FL 32803

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

NEIL R. NEWBERG, M.D., P.A.

1. Entity Name

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

\$8.75 Additional

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition NEWBERG, NEIL R NAME NAME STREET ADDRESS 1016 TEMPLE GROVE STREET ADDRESS 601 E. Colonial Dr. CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP Orlando, FL 32803 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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

SIGNATURE: