2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 11, 2001 8:00 am Secretary of State DOCUMENT # 602804 1. Entity Name ROY H. BRESKY M.D., P.A. 01-11-2001 90026 016 ***150.00 Principal Place of Business Mailing Address 950 N FEDERAL HIGHWAY 950 N FEDERAL HIGHWAY POMPANO BEACH FL 33062 AUUU3286 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1346493 Not Applicable Country \$8.75 Additional M-Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRESKY, ROY H Street Address (P.O. Box Number is Not Acceptable) 950 N.FEDERAL HWY. POMPANO BCH. FL 33062 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 (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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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. CR2E034 (10/00) ☐ Addition Change TITLE Delete TITLE BRESKY, ROY H STREET ADDRESS STREET ADDRESS 4050 N.E. 25TH AVE. CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete _ TITLE 18 July 18 18 18 18 18 18 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME 朝人、國家文學的 .STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-7IP 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 receive) or trustee employered 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.