FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2002 8:00 am 602804 DOCUMENT# **Secretary of State** . Entity Name 02-20-2002 90027 022 ***150.00 YOY H. BRESKY M.D., P.A. Principal Place of Business Mailing Address 50 N FEDERAL HIGHWAY 950 N FEDERAL HIGHWAY OMPANO BEACH FL 33062 POMPANO BEACH FL 33062 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-1346493 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U5A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GEORGE** EDWARDS BRESKY, ROY H Address (P.O. Box Number is Not Acceptable) 0 N. Federal Hwy., #1 950 N.FEDERAL HWY. POMPANO BCH. FL 33062 Pompano Beach, 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition Bresky,roy H NAME NAME 4050 N.E. 25TH AVE. STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE , Change _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P 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

changed, or on an attachment with