2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 627685 1. Entity Name

RICHARD D. KNAPP, D.O., P.A.

Principal Place of Business Mailing Address 1150 N. 35TH AVENUE 1150 N. 35TH AVENUE

May 16, 2000 8:00 am Secretary of State

05-16-2000 90023 043 ***150.00

HOLLYWOOD FL 33021 US			HOLLYWOOD FL 33021-5488 US									
2. Principal Place of Business			3. Mailing Address							!! 818 11 818!! 4		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	SPACE		
City & State	е	_	City & State			4. F	4. FEI Number 59-1926169			-	Applied For Not Applicable]
Zip Country			Zip	Country		5. (Certificate of	Status Desired	: D	\$8.75 A		1
	6. Name	and Address of Current I	Registered Agent	stered Agent		7. N	7. Name and Address of New Registered Agent					
-					Name							7
1150	PP, RICHAR N 35TH AV				Street Address	s (P.O. B	lox Number i	s Not Acceptal	ble)			-
	E 330 Lywood F	L 33021	- ,		City				FL	Zip Co	ode	-
8. The above	named entity	submits this statement for	the purpose of changing	its register	L ed office or regist	tered ag	ent, or both,	in the State of				1
SIGNATURE _	Cianabira himad	or printed name of registered agent a	od tito d applicable (N	OTE: Pogietora	d Agent signature requi	irad when re	ainstating)		DATE			
	Signature, typed		THO THE IT APPRICADES (14	OTE riegistere	a Agont signature regar		1		-			-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St					ion Campaign Fund Contribu			.00 May Be led to Fees	
11.		OFFICERS AND I	DIRECTORS	ECTORS 12.			DITIONS/CI	HANGES TO O	FFICERS AN	D DIRECTO	RS IN 11	Ī
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NAME KNAPP, RICHARD D				: NAM	IE							9
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NAME	KNAPP, B	arbara e		NAM	E							
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CITY-ST-ZIP .		==			-ST-ZIP							4
49 I boroby o	actific that the	information eupplied with	this filling door not qualify	for the eve	motion stated in	Section	119 07(3)(i)	Elorida Statute	s I further ce	rtify that the	e information	- 1

Thereby certify that the mormation supplied with this hing does not quality for the exemption stated in Section 119.07(3)(0), more a statutes. Further certify that him and filter or director 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 an address, with all other like empowered.

SIGNATURE:

RICHARD D. KNAPP