2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   653515

1. Entity Name
VIRSHUP AND SCHWEITZ, INC.

Principal Place of Business	Mailing Address
1515 N FLAGLER DRIVE	1515 N FLAGLER DRIVE
STE 620	STE 620
WEST PALM BEACH FL 33401	WEST PALM BEACH FL 33401
US	US

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1992126**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ `$8.75` Additional Fee Required

6. Name and Address of Current Registered Agent

VIRSHUP, ARTHUR M MD

1515 N FLAGLER DR

STE 620

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	**SD**	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	**SCHWEITZ, MICHAEL C.,M.D**			NAME			
STREET ADDRESS	**1515 N FLAGLER DR STE 620**			STREET ADDRESS			
CITY-ST-ZIP	**WEST PALM BEACH FL 33401**			CITY-ST-ZIP			
TITLE	**PTD**	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	**VIRSHUP, ARTHUR M.,M.D.**			NAME			
STREET ADDRESS	**1515 N FLAGLER DR STE 620**			STREET ADDRESS			
CITY-ST-ZIP	**WEST PALM BEACH FL 33401**			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-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-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIG_ _____ __2/18/03__ _561659 242_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #