DOCU 1. Entity Nam	MENT # 685456	INESS REPO	DRT (UBR)		FILE Feb 03, 2001 Secretary ( 02-03-2001 90301 02	l 8:0 of St	ate	
336 N. FLAGLI	ce of Business ER DR. EACH FL 33407	Mailing Address 3336 N. FLAGLER DR. WEST PALM BEACH FŁ 33407						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		<b>4.</b> F	FEI Number 59-2007231	umber 59-2007231 Applied For Not Applicable		
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent	Name	7, N	Name and Address of New Registered Ag	gent		
HOLLY, EUGENE H., M.D. 3336 N. FLAGLER DR. WEST PALM BEACH FL 33407				Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Coc	le	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.			TE: Registered Agent signature req 7	<del>يەت</del> ەر 0	Ininstating)     DATE       10. Election Campaign Financing       Trust Fund Contribution.		0 May Be to Fees	
1. TLE IME REET ADDRESS	OFFICERS AND PD HOLLY, EUGENE H., M.D. 3336 N. FLAGLER DR.	DIRECTORS	12. TITLE NAME STREET ADORESS	AD	DITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 11	
IY-ST-ZIP Le Me Reet Address IY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition					
LE ME NEET ADDRESS Y-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition	
le Me Reet address Y-st-zip		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition	
LE .ME REET ADDRESS - IY - ST - ZIP			TITLE NAME STREET ADDRESS	<u></u>		Change	Addition	
Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
<ol> <li>I hereby c indicated of the cor</li> </ol>	on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, w	true and accurate and that wered to execute this repor with all other like empowered	or the exemption stated in my signature shall have the t as required by Chapter (	ne same li 507, Florid	119.07(3)(i), Florida Statutes. I further certif egal effect as if made under oath; that I an da Statutes; and that my name appears in I	n an officer	or director	