DOCUMENT # 752234

1. Entity Name

THE FLORIDA PARAPLEGIC ASSOCIATION

FILED Jan 10, 2001 8:00 am Secretary of State

Principal Place of Business		Mailing Address		01	01-10-2001 90148 018 ****61.25			
MILDRED LEVENSON 7441 WAYNE AVE APT. 31 MIAMI BEACH FL 33141 US 2. Principal Place of Business		MILDRED LEVENSON 7441 WAYNE AVE APT. 3I MIAMI BEACH FL 33141 US 3. Mailing Address		1 1 111 11111			: :: :::::::::::::::::::::::::::::::::	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-6194486	 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Registered	I Agent		
			Name					
LEVENSON, MILDRED 7441 WAYNE AVE., APTE. 31 MIAMI BEACH FL 33141			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			-					
			City	- <u></u>	F	Zip Code	e	
9 The above	named entity submits this statement for	the ournose of changing its re-	nistered office or regi	istered agent, or bot				
o. The above	maried entity submits this statement for	the purpose of changing its re-	gistered diffice of regi	istored agont, or bot	ii, iii tio data oi i fonda.			
SIGNATURE,								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature req	quired when reinstating)	DATE			
FILE NOW:				5.00 May Be	Make Check)	
	FEE IS \$61.25	Trust Fund Contribution	on. \square Ác	ded to Fees	Departmer	nt of State		
10	OFFICERS AND DIR	COTORS	11	ADDITIONS (CH	NIGES TO OFFICERS AND C	DIRECTORS IN	10	
10.	OFFICERS AND DIR		11.	ADDITIONS/CHA	NGES TO OFFICERS AND D			
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1/5/01

(305) 868-3361

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