2002 UNIFORM BUSINESS REPORT (UBR)

000878 AT

DOCUMENT # A99000000053

FILED

02 JUN 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

REVOC GROUP, LTD. CHANGED TO PROFESSIONAL CENTER. PARTNERS, LTD 12/19/01

Principal Place of Business	Mailing Address
560 N.W. 165TH STREET ROAD. THIRD FLOOR NORTH MIAMI FL 33169	P.O. BOX 85066 HALLANDALE FL 33008

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 85066 Suite, Apt. #, etc.
City & State	Hallandale, FL
Zip / Country	33008 / Country

DUE BY MAY 1, 2002

4. FEI Number 65-1040753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~REVOC GROUP, INC.~~ ~~560 N.W. 165TH STREET ROAD, THIRD FLOOR~~ ~~NORTH MIAMI FL 33169~~	Name: LESLIE ALAN ROZENCWAIG, P.A. Street Address (P.O. Box Number is Not Acceptable): 15 S.E. 3rd AVENUE STE. 960 City: MIAMI, FL Zip Code: 33131

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.

SIGNATURE [signature] 4/29/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000000317	STREET ADDRESS	P99000011330 CHANGED 12/19/01
NAME	~~REVOC GROUP, INC.~~ CHANGED 12/19/01		PROFESSIONAL CENTER, INC.
STREET ADDRESS	560 N.W. 165TH STREET ROAD, THIRD FLOOR	CITY-ST-ZIP	560 N.W. 165 Street Road, Third Floor No. Miami, Florida 33169
CITY-ST-ZIP	NORTH MIAMI FL 33169		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900005826369--1
CITY-ST-ZIP			-06/19/02--01006--017
DOCUMENT #		STREET ADDRESS	*****52.50 *****52.50
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	900005826369--1
CITY-ST-ZIP			-06/19/02--01006--018
DOCUMENT #		STREET ADDRESS	*****88.75 *****88.75
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #