

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90103 019 \*\*\*\*61.25

**DOCUMENT # F01000005071**  
 1. Entity Name  
**SMALL WORLD FOUNDATION, INC.**

Principal Place of Business 5353 N. FEDERAL HIGHWAY, SUITE 301 FORT LAUDERDALE FL 33318	Mailing Address 3400 CHASE TOWER 600 TRAVIS STREET HOUSTON TX 77002
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARNOLD, LAURENCE I M.D.**  
**5353 N. FEDERAL HIGHWAY, SUITE 301**  
**FORT LAUDERDALE FL 33318**

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 Laurence I. Arnold, M.D.  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ARNOLD, LAURENCE I M.D. 5353 N. FEDERAL HIGHWAY, SUITE 301 FORT LAUDERDALE FL 33318 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKINS, KEVIN S M.D. 7777 FOREST LANE, SUITE C-717 DALLAS TX 75230 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOUPIN, WILLIAM A 2543 DUNES VISTA DRIVE POMPANO BEACH FL 33069 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michael A. Tolle, M.D. 399 West Campbell Road, Suite 2 Richardson, TX 75080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rebecca Norwood 3696 North Federal Hwy. Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: [Signature] SIGNATURE REQUIRED 08/30/02

CR2E037 (4/02)