

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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	PCD	<input type="checkbox"/> Delete
NAME	ARNOLD, LAURENCE I M.D.	
STREET ADDRESS	5353 N. FEDERAL HIGHWAY, SUITE 301	
CITY-ST-ZIP	FORT LAUDERDALE FL 33318	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOPKINS, KEVIN S M.D.	
STREET ADDRESS	7777 FOREST LANE, SUITE C-717	
CITY-ST-ZIP	DALLAS TX 75230	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TOUPIN, WILLIAM A	
STREET ADDRESS	2543 DUNES VISTA DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

08/30/02

CR2E037 (4/02)