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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DR. DAVID S MURANSKY, P.A.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90065 049 ***150.00



Principal Place	of Business	Mailing Address					
% DR. DAVID S MURANSKY		% DR. DAVID S MURANSKY				•	
1643 SOUTH 21ST AVENUE		1643 SOUTH 21ST AVENUE			DO NOT WRITE IN THIS SPACE		
HOLLYWOOD FL	L 33020	HOLLYWOOD FL 33020			Date Incorporated or Qualifed		
	•				12/16/1980		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1858195		Not Applicable
Suite, Apt. 7	#. etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	, , , , , , , , , , , , , , , , , , ,	5 Additional
─ 1 '		27			5. Certificate of Status Desired	Fe.	e Required
City & State		City & State			6. Election Campaign Financing	<u> </u>	00 May Be
23		28			Trust Fund Contribution	Àde	ded to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the curr	rent year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curro	ent Registered Agent			10. Name and Address of New I	Registered Agent	
		·	8	1 Name			
	ANSKY, DAVID S., (DR)		-	2 Street Add	dress (P.O. Box Number is Not Accepta	table)	
	SOUTH 21ST AVENUE		. [Street Add	Tress (F.O. Box Humber to Not Accept	alano) alan sa ta tatan kana <u>kana t</u> a	Benefit & Carlos and 1881.
HOLI	LYWOOD FL 33020		1	13	1. 100 1000 1000 1000 1000 1000 1000 10	A Control	
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			1	14 City		FL 85	Zip Code .
	1 the sections 607 Of	502 and 607 1508 Florida Statut	es the ah	ve-named cor	rporation submits this statement for the	numose of changin	g its registered
				w the cornerat	tion's board of directors. I hereby acce	ept the appointment a	as registered
				y ille colpolat			ì
	egistered agent, or both, in the Statement of the oblique of the o	gations of, Section 607.0505, Flo	rida Statut	es.			\
office or reagent. I as	m familiar with, and accept the oblig	gations or, Section 607.0505, Fig	ilua Statut	65.		DATE	
office or re agent. I at	m familiar with, and accept the oblig	gent and title if applicable. (NOTE	: Registered A	65.	ired when reinstating)	<u> </u>	CTORS IN 12
office or reagent. I as	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE AND DIRECTORS	: Registered A	gent signature requir		<u> </u>	
office or ragent. I at SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE	:: Registered A	gent signature requit	ired when reinstating) ADDITIONS/CHANGES TO OF	FFICERS AND DIRE	
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office or in agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PSD MURANSKY, DAVID S (DR)	gent and title if applicable. (NOTE AND DIRECTORS	:: Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT	gent signature requir	ired when reinstating) ADDITIONS/CHANGES TO OF	FFICERS AND DIRE	nge Addition
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office or in agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS / PSD MURANSKY, DAVID S (DR) 1643 S 21ST AVENUE	gent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAW 2.3 STR	gent signature require E E E E E E E E E T ST-ZIP E E E E E E E E E E E E E E E E E E E	ired when reinstating) ADDITIONS/CHANGES TO OF	FFICERS AND DIRE	nge Addition
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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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, of on ap attachment with an address, with all other like empowered.

SIGNATURE: