2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

F38236 **DOCUMENT#**

1. Entity Name

Principal Place of Business

EUGENE J. STRASSER, M.D., P.A.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90061 037 ***150.00

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Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAXING CHANGES City & State City & State Country Zip Country S. Certificate of Status Desired Se.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name STRASSER, EUGENE J. 1505 UNIVERSITY DR. CORAL SPRINGS FL 33071 City & State Country Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City & State City & State Current Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street	1505 UNIVERSITY DR. CORAL SPRINGS FL 33071				1505 ÜNIVERSITY DR. CORAL SPRINGS FL 33071				30023314						
Suite, Apt. #, etc. City & State	CORL SPRING	33 12 330/1		VOIME	0,111100 / 2 000										
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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			information suppli	ad with this filing	does not qualify fo			d in Section	119.07	(3)(i). Florid	da Statutes	s. I further ce	ertify that the i	nformation	

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 full tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment will an address, with all other like empowered.

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #