FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-29-2002 93660 004 ***150.00

DOCUMENT # F67309

1. Entity Name
THE FAMILY PRACTICE CENTER INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4645 GUN CLUB RD
Suite, Apt. #, etc.
City & State
West Palm Beach, FL
Zip 33415 County

3. Mailing Address
~~Family Practice Center~~
4645 Gun Club Road
West Palm Beach, FL 33415
Zip County

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2199053 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name TOM LARON ESQ
Street Address (P.O. Box Number is Not Acceptable)
1901 WEST CYPRESS CREEK RD #415
City FT LAUDERDALE FL Zip Code 33309

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 _____ DATE
Signature, required & printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating]

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 thru May 1 Fee is $150.00
After May 1 Fee is $300.00
Annual Report is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	
NAME	PHILLIPS JB MD
STREET ADDRESS	421 W LAKE DASHA DR
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VT
NAME	LEVINE, NW
STREET ADDRESS	321 TACHAMA DR
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #