2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F78874 PAUL E. PATAKY, M.D., P.A.

Principal Place of Business

C/O PAUL E. PATAKY 2623 SO SEACREST BLVD. STE 102

BOYNTON BEACH FL 33435

Mailing Address

C/O PAUL E. PATAKY 2623 SO SEACREST BLVD, STE 102 BOYNTON BEACH FL 33435

2. Principal Place of Business 3. Mailing Address

FILED Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90107 049 ***150.00

60002402



Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2186563 Not Applicable Zio Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATAKY, PAUL E. Street Address (P.O. Box Number is Not Acceptable) 2623 S. SEACREST BLVD. **BOYNTON BEACH FL 33435** Zio 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.

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

(See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE Delete Addition NAME PATAKY, PAUL E NAME STREET ADDRESS 2623 S. SEACREST BLVD. STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BOYNTON BEACH FL** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIT! E ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

PAUL E, PATAKY

CR2E034 (10/00)