2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # F9400000119 Mar 20, 2000 8:00 am **Secretary of State** STEWART GREENBERG, M.D., P.A. 03-20-2000 90032 049 ***150.00 Mailing Address Principal Place of Business PO BOX 812062 PO BOX 812062 **BOCA RATON FL 33496-1420 BOCA RATON FL 33481** 2. Principal Place of Business 3. Mailing Address 7210 Avrshire Lane 7210 Ayrshire Lane DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-2468587 Not Applicable Boca Raton, FL Boca Raton, FL Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33496 USA 33496 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, STEWART MD Street Address (P.O. Box Number is Not Acceptable) 7210 AYRSHIRE LANE **BOCA RATON FL 33496** Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition ☐ Delete TITLE TITLE GREENBERG, STEWART MD-NAME NAME: : . Greenberg, Stewart MD STREET ADDRESS STREET ADDRESS PO BOX 812062 7210 Ayrshire Lane CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Boca Raton FL [7] Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 emp

IG OFFICER OR DIRECTOR

Daytime Phone #