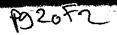
. Davtime Phone #

ට්ට්ට්ට් FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 03 JAN 10 AM 11:30 **DOCUMENT#** 1. Entity Name SECONDERLY OF STATE Roui SCHAJIK, M.D. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1983 PGA Blyd Mailing Address 0000 100 1629 D Suite, Apt. #, etc. City & State NORTH PA BEACH, Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33 YO (?) űsA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE City NORTH 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. I am familiar with, and accept the obligations of registered agent SIGNATURE \_X gnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS PRESIDENT + DIRECTOR TITLE TÍTI F CR2E034B (12/02) RONI SEHAYIK NAME NAME STREET ADDRESS 1983 AGA BLUD War Brach, Fl STREET ADDRESS CITY-ST-ZIP 33408 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 10 or on an attachment with an address, with all other like empowered.





11521 U.S. Highway 1 Palm Beach Gardens, FL 33410

January 9, 2003

Mr. Sean Toner Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Roni Sehayik, M.D., P.A. 2003 UBR

Dear Sean:

As previously discussed, I am working with Dr. Sehayik to have him reinstated with the Division of Corporations. The check mailed in December 2002 included payment for 2003.

Per your instructions, Dr. Sehayik has completed the 2003 UBR and we request that the overpayment made in 2002 be applied to his 2003 fee due.

I am submitting this form and request for the overpayment to be applied to the 2003 fee, on behalf of Dr. Sehayik.

If you have any questions, please contact me at 561-691-3465.

Thank you.

Very truly yours,

Christine A. Pavek

Vice President

Relationship Manager