## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 07, 2002 8:00 am Secretary of State

DOCUMENT # G56378  1. Entity Name				05-07-2002 90244 041 ***150.00	
MICHAEL J DAVOLI, M.D., P.A.					
	DO NOT WRITE	IN THIS SE	PACE '		
	Place of Business 6 E COMMERCIAL BLVD 1. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.	B0450330	DO NOT WRITE IN THIS	SPACE
City & Sta	hteLAUDERDALE, FL	City & State LIGhthouse	Dr FJ	4. FEI 1 <b>592</b> 319071	Applied For
Zip	33308	Zip 3301/4	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	and the second second second	The second second	10 lb	7. Name and Address of Current Registere OLI, MICHAEL J. MD	
	DO NOT WI	RITE "	<i>y</i>	<u> </u>	
Paragraphic	INITUIO COACE			P.O. Box Number is Not Acceptable)	
				6 E COMMERCIAL BLVD.	
ATT PORTS		Appendenting	City FT.	LAUDERDALE FL	- Zip Code 33308
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1 Amended	ny 1: Fee is \$150.00 ; Fee Is \$550.00 : UBR(is \$61.25 e to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	787/05/27 1 301. 1028 / WS (CEA.MACES) 1888 - 40000188	CONTROL OF SURE	A STATE OF THE STA	
NAME STREET ADDRESS CITY-ST-ZIP	DAVOLI, MICHAEL J. 3750 NE 30 AVE LIGHTHOUSE POINT,	FL 33064	HILE 4 NAME STREET ADDRESS CT(Y-S), 219		348 (12/01
TITLE NAME STREET ADDRESS			MANE STREET ADDRESS AND THE		CR2E034B
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CHY-ST-ZIP			City Sr Zin		
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 1) or on an attachment with an address, withall other like empowered.					