2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G73372

SIGNATURE: X

HUGH M. DENNIS M.D., P.A.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90205 047 ***150.00

Principal Di				GOO WE TH	_				
Principal Place of Business % HUGH M. DENNIS. M.D. 5601 NORTH DIXIE HIGHWAY. SUITE 209 FORT LAUDERDALE FL 33334 2. Principal Place of Business		Mailing Address % HUGH M. DENNIS. M.D. 5601 NORTH DIXIE HIGHWAY. SUITE 209 FORT LAUDERDALE FL 33334			T NORTH I BOT I MARK HING THE CONTRACT	få ifål afåll ællik all	ISL OCOUR	Cife Cign and	
		3. Mailing Address		_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4	. FEI Number FO COFFOCO	IF MAKING CH		S Applied For	
Zip		Country	Zip	Country		59-2356920			lot Applica
	6. Name	and Address of Currer	at Registered &			. Certificate of Status Desired	Fee	Require	ditional ed
		Tana Hadicas of Curren	nt Registered Agent-	Name	<i>=</i> ∴7.	Name and Address of New Re	egistered Agen		
DENNIS,	HUGH M., N	f.D.		Name					
5601 NO	RTH DIXIE H	WY:		Street Address		(P.O. Box Number is Not Acceptable)			
SUITE 20									
	UDERDALE I	1 33334		<u></u>					
				City			FL Z	ip Cod	le .
3. The above	e named entity	submits this statement	for the purpose of changing its	s registered office or regi	istorod o	gent, or both, in the State of Flor	_ FL		
tne obliga	ations of regist	ered agent.	5	regional of legi	istereu a	gent, or both, in the State of Flor	ida. I am familia	r with,	and accep
SIGNATURE									
	Signature, typed	or printed name of registered agen	at and title if applicable. (NOT	E: Registered Agent signature req	uired when	reinstation			
F	FILE NOW!!!	FEE IS \$150.00		gon ugnaar rig	louiec when	reasianing)	DATE		
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