2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

May 19, 2002 8:00 am 8 Secretary of State G86555 DOCUMENT # 1. Entity Name 05-19-2002 90191 001 ***150.00 ROBERT N. ALBECK CRNA. P.A. Mailing Address Principal Place of Business 711 SW 15TH STREET 711 SW 15 ST **BOCA RATON FL 33486 BOCA RATON FL 33486** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2376685 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALBECK, ROBERT N Street Address (P.O. Box Number is Not Acceptable) 711 SW 15TH STREET BOCA RATON FL 33486 Zip Code City amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PDV ☐ Addition TITLE Change TITLE ☐ Delete ALBECK, ROBERT N NAME 711 S.W. 15TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ. 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Alai 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED