2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28986 1. Entity Name REBECCA M. DEAL, PH.D., P.A. Principal Place of Business Mailing Address 220 N. WESTMONTE DR. STE. E 220 N. WESTMONTE DR. STE. E. ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Country

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Delete

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12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

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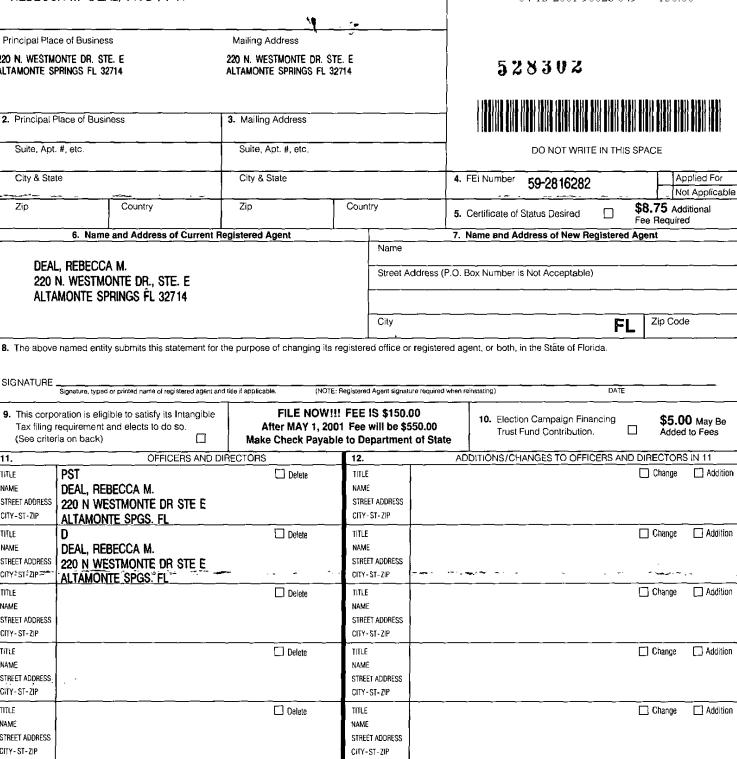
CITY-ST-ZIP

City & State

Zip

FILED Apr 13, 2001 8:00 am Secretary of State

04-13-2001 90028 049 ***150.00



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 empowered.

SIGNATURE:

Suite, Apt. #, etc.

DEAL, REBECCA M.

220 N. WESTMONTE DR., STE. E ALTAMONTE SPRINGS FL 32714

9. This corporation is eligible to satisfy its Intangible

DEAL, REBECCA M.

DEAL, REBECCA M.

ALTAMONTE SPGS. FL

ALTAMONTE SPGS. FL

220 N WESTMONTE DR STE E

220 N WESTMONTE DR STE E

Tax filing requirement and elects to do so.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

(See criteria on back)

Releve m Den 4/10/10

☐ Change

☐ Addition