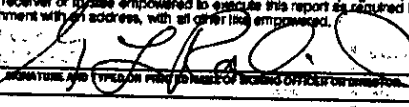


FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90748 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #J38329	
1. Entity Name GEORGE L. RAHAM, JR., P.H.D., P.A.	
Principal Place of Business 927 45TH ST STE 302 WEST PALM BEACH, FL 33407 US	Mailing Address 927 45TH ST STE 302 WEST PALM BEACH, FL 33407 US
2. Principal Business 2560 RCA BLVD	3. Mailing Business 2560 RCA BLVD.
Suite, Room, etc. SUITE 107	Suite, Room, etc. SUITE 107
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33410 Country USA	Zip 33410 Country USA
4. FEI Number 59-2771368 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAHAM, GEORGE L. J 927 45TH STREET SUITE 302 WEST PALM BEACH, FL 33407	
7. Name and Address of New Registered Agent Name JOHN T. PIERCE Street Address (Post Office Box is Not Acceptable) 2560 RCA BLVD. SUITE 107 City PALM BEACH GARDENS, FL Zip Code 33410	
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  JOHN T. PIERCE DATE 3/7/03 SIGNATURE REQUIRED FOR principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when obtained)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD RAHAM, GEORGE L. J 927 45TH ST., STE 302 W PALM BEACH, FL	2560 RCA BLVD., SUITE 107 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 Block 11 if changed, or on an attachment with an address, with all other full employees.	
SIGNATURE:  3-6-03 (561)6243455 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	