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. RAHAIM, JR., P.H.D., P.A.

Principal Place of Business	Mailing Address
927 45TH ST STE 302 WEST PALM BEACH, FL 33407 US	927 45TH ST STE 302 WEST PALM BEACH, FL 33407 US

2. Principal Street Address	3. Mailing Address
2560 RCA BLVD	2560 RCA BLVD.
Suite, Apt #, etc. SUITE 107	Suite, Apt #, etc. SUITE 107
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33410 Country USA	Zip 33410 Country USA

☐ CHECK HERE IF MAKING CHANGES

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

RAHAIM, 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 (P.O. Box Number is Not Acceptable) 2560 RCA BLVD.
SUITE 107
City PALM BEACH GARDENS, FL Zip Code 0

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 [signature] JOHN T PIERCE 3/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD RAHAIM, GEORGE L 927 45TH ST., STE 302 W PALM BEACH, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2560 RCA BLVD., SUITE 107 PALM BEACH GARDENS, FL 33410 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-6-03 (561)6243455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #