FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90156 050 ***150.00

DOCUMENT # J59297

1. Entity Name → JONATHAN B. WARACH, M.D. P.A.
JONATHAN WARACH. MD
500 Vondeeburg Dr 215W
Brandon, FL. 33511

DO NOT WRITE IN THIS SPACE

40068551

2. Principal Place of Business	3. Mailing Address
500 Vondeburg Drive	JONATHAN WARACH, MD PA
Suite, Apt. #, etc. 215W	Suite, Apt. #, etc. 120 Silver Street
City & State Brandon, Florida	City & State Dover, N.H.
Zip 33511 Country USA	Zip 03820 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2782690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JONATHAN B. WARACH, MD PA

Street Address (P.O. Box Number is Not Acceptable)
500 Vondeburg Drive 215W

City Brandon, Florida 33511

City **FL** Zip Code

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

SIGNATURE Jonatha B Warach MD PA (pres.) 4/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JONATHAN B. WARACH, MD. PA (president) 120 Silver St. Dover, N.H. 03820	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonatha B Warach MD PA (pres) 4/12/06 (603) 781-7723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40068551

J59297

memo from

JONATHAN B. WARACH, M.D.

4/24/06 Re: (UBR)

Enclosed: $150 for

Annual Florida Corporation

Agent filing.

I did not receive the

form this year. But I printed

out from the internet.

(Enclosed is a copy of a previous

form sent to you (1991)!

Please notify me if any questions

(J.B. Warach MD
120 Silver St.
Dover, N.H. 03820)

Jonathan B. Warach M.D.

MSR240-0003660

...ILL NOT. CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

ATTACHMENT

400685511

J59297

CORPORATION

ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT #J59297 (8)

ZIP + 4 PRESORT

P50000784Q

JONATHAN B. WARACH, M.D. P.A.
% JONATHAN B. WARACH
500 VONDERBURG DR. #215
BRANDON, FL 33511-5968

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 03/01/1987

4. FEI Number: 59-2782690

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	WARACH, JONATHAN B.	500 VONDERBURG DR. #215	BRANDON, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WARACH, JONATHAN B.
500 VONDERBURG DR. #215
BRANDON, FL 33511

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Jonathan B Warach MD PA (Registered Agent Accepting Appointment) DATE 2/1/91

10. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify 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 6 or on an attachment with an address.

SIGNATURE Jonathan B Warach MD PA DATE 2/1/91

Typed Name of Signing Officer or Director: Jonathan B Warach MD | Title: President | Telephone Number Daytime: (813) 684 5880

FILING FEE OF $61.25 REQUIRED—Make Checks Payable to: Secretary of State $8.75 Additional Fee required for a Certificate of Status