2001 UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # L0000006743 | | | | | | | | | • | | |
| ROBERT R. DUNN, MD, P.L. | | | | | | FILED | | | | | |
| Principal Place of Business Mailing Address | | | | | | 01 JAN 25 AM 1:58 | | | | | |
| 3109 KAREN DR | 3109 KAREN DR | _ | | | • | SECRE | TARY OF | STATE | | | |
| DELRAY BEACH FL 33 | DELRAY BEACH FL 334 | | | | | SECRE TALBAH | Assee, f | Lerij, | 4 | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | I | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | | | 4. FE N | | · · · | | pplied For |] |
| Zip Country | | Zip | Zip Coun | | | | <i>(5 → 101390)</i> icate of Status Desire | | \$5.00 Ad | ot Applicable ditional | + |
| 6. Na | ime and Address of Current | t Registered Agent | <u> </u> | | | | and Address of New | | Fee Require | | - |
| | | | • | Name | 0)/1 | 1 | | | | | 1 |
| DUNN, SANDRA | | | | Street A | reet Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 3109 KAREN DR DELRAY BEACH | | | | | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | 1 | |
| * | | | | | | | FL | Zip Cod | le | - | |
| 8. The above named a | ntity submits this statement for | or the purpose of changing its | s registere | ed office or | registered | agent, o | r both, in the State of | | <u> </u> | | + |
| | | | _ | | - | | | | | | |
| SIGNATURESignature, ty | roed or printed name of registered agent | and title if applicable. (NO | E: Registered | d Agent signatu | ure required wh | en reinstatin | g) | DATE | | | |
| | | FILE N | OW!!! I | FEE IS \$ | 50.00 | | | | | | |
| | | Make Check Pa | ayable to | o Departi | ment of S | State | | | | | |
| 9. | MANAGING MEME | | 10. | | 0.4.55.4 | 110 100 100 100 100 100 100 100 100 100 | ADDITION | IS/CHANGES | | | 1, |
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| indicated on this re | port is true and accurate and | n this filing does not qualify fo that my signature shall have e empowered to execute this | the same | Jegat effec | ct as if mad | le under a | nath∵that Iam a mar | s. I further cert aging membe | ify that the ir r or manage | nformation or of the | |

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #