2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000013259

Entity Name: PA REALTY LLC

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 451 WEST WARREN AVE. 455 WEST WARREN AVE. LONGWOOD, FL 32750 LONGWOOD, FL 32750 **Current Mailing Address: New Mailing Address:** 451 WEST WARREN AVE. 455 WEST WARREN AVE. LONGWOOD, FL 32750 LONGWOOD, FL 32750 FEI Number: 59-3738718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARNOLD, MATHENY & EAGAN, P.A. 801 N. MÁGNOLIA AVE. SUITE 201 ORLANDO, FL 32802 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM (X) Change () Addition () Delete ROBERT, BOWLES MD BOWLES, ROBERT MD Name: Name: 451 WEST WARREN AVENUE Address: 455 WEST WARREN AVENUE Address: City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: LONGWOOD, FL 32750 US (X) Change () Addition Title: MGRM () Delete Title: MGR DENNIS, BUHRING Name: BUHRING, DENNIS J Name: Address: 451 WEST WARREN AVENUE Address: 455 WEST WARREN AVENUE City-St-Zip: LONGWOOD, FL 32750 US City-St-Zip: LONGWOOD, FL 32750 US Title: () Delete Title: MGR () Change (X) Addition BOUGOULIAS, MICHAEL MD Name: Name: 455 WEST WARREN AVENUE Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: MGR () Change (X) Addition PELTESON, HOWARD MD Name: Name: 455 WEST WARREN AVENUE Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change (X) Addition POPAT, VIPIN MD Name: Name: 455 WEST WARREN AVENUE Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS J. BUHRING MGR 01/13/2003