2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

L18138 DOCUMENT #

1. Entity Name

LAWRENCE J. SHAPIRO, D.O., P.A.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90181 041 ***150.00

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incipal Place o /O LAWRENCE 361 WEST ATLA ELRAY BEACH	J. SHAPIRO D.O.P.A. ANTIC AVENUE	C/O LA 4981 W	Address Wrence J. Shapi Est atlantic avs Y Beach FL 33445	ENUÉ	-				
Principal Place of Business Suite, Apt. #, etc.		3. Mailin	3. Mailing Address Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
		Suite,							
City & State		City 8	City & State			4. FEI Number 65-0143694 Applied F Not Appli			plied Foi t Applicable
Zip Country		Zip	Zip Country			5. Certificate of Status Desired			
			d Agost		7. Na	me and Address of New F	Registered Ag	ent	
	6. Name and Address of Cu	irrent Registered	d Agent	Name					
		·			- (D.O. Boy	Number is Not Acceptable	e)		
	LAWRENCE J. D.O., P.A.		Street Addres		SS (P.O. BOX	Mulliper is 140t Apochias.			
4981 WEST	T ATLANTIC AVENUE			7 . mg					
DELRAY BEACH FL 33445				3	Zip Co			Zip Cod	e
				, City			<u>_FL</u>	1 '	
	named entity submits this staten	mont for the pure	ose of changing its	s registered office or regis	stered ager	nt, or both, in the State of F	lorida. I am fa	miliar with,	and accept
The above the obligation	named entity submits this staten ons of registered agent.	ment for the barb			. •				
	-						DATE		
SIGNATURE -	Signature, typed or printed name of registers	ed agent and title if app	oficable. (NO	TE: Registered Agent signature req	uired when rein	stating)			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this penet 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: _