FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 18, 2002 8:00 am **Secretary of State** DOCUMENT # L71284 1. Entity Name 02-18-2002 90003 030 \*\*\*150.00 MARC D. SHAPIRO, M.D., P.A. Principal Place of Business Mailing Address 工河市 任年 重 27 E. HIBISCUS BLVD. 27 E. HIBISCUS BLVD. MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3003717 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ·Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KANCILLA, JOHN R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1800 W. HIBISCUS BLVD **SUITE 138 MELBOURNE FL 32901** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) Addition □ Delete ☐ Change PSD NAME SHAPIRO, MARC D MD NAME CR2E034 STREET ADDRESS 609 ATLANTIC ST STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete -- Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: >

changed, or on an attachm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #