2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

L96351 DOCUMENT

1. Entity Name

SUITE 201

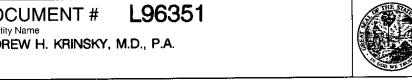
SIGNATURE

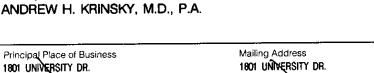
CORAL SPRINGS EL 33071

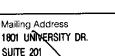


FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90469 008 ***150.00







CORAL SPRINGS, FL 33071

2. Principal Place of Business



CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0212384 Not Applicable \$8.75 Additional OU/CV 5: Certificate of Status Desired - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent

KRINSKY, M.D., ANDREW 1801-UNIVERSITY DR SUITE 201 CORAL SPRINGS, FL 33071

crinsku Street Address (P.O. Box Number is Not Acceptable)

N. Universidy Pr.

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.	I am familiar with, and accept
	the obligations of registered agent.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TIT! F ☐ Delete TITLE Krinsky, andréw H. NAME NAME STREET ADDRESS 1801 UNIVERSITY DR. #201 STREET ADDRESS CORAL SRRINGS, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE KRINSKY, ANDREW H. NAME 1801 UNIVERSITY DR, #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SRRINGS FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with

SIGNATURE: