

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90002 039 ***150.00

CR2E034 (9/01)

DOCUMENT # M08281
 1. Entity Name
COMMUNITY FOOT CARE, P.A. - MARK WARREN, D.P.M.

Principal Place of Business 5162 LINTON BOULEVARD SUITE 206 DELRAY BEACH FL 33484-6575	Mailing Address 5162 LINTON BOULEVARD SUITE 206 DELRAY BEACH FL 33484-6575
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1325 S. Congress Ave</i> Suite, Apt. #, etc. <i>Suite 108</i> City & State <i>Boynton Beach, FL</i>	3. Mailing Address <i>1325 S. Congress Ave</i> Suite, Apt. #, etc. <i>Box Suite 108</i> City & State <i>Boynton Beach, FL</i>		
Zip <i>33426</i>	Country <i>USA</i>	Zip <i>33426</i>	Country <i>USA</i>

4. FEI Number 59-2472461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**WARREN, MARK G., D.P.M.
 5162 LINTON BOULEVARD
 SUITE 206
 DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Community Foot Care P.A. Mark Warren D.P.M.* *[Signature]* DATE *3/4/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD WARREN, MARK G., D.P.M. 5162 LINTON BLVD., S-206 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARREN, MARK G., D.P.M. 5162 LINTON BLVD., S-206 DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Warren D.P.M.* **34-02 561-738-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #