FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90237 036 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M32546

1. Entity Name

MELVYN G DRUCKER, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2845 AVENTURA BLVD	C/O LUNDY & SHACTER, P.A.
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 9655 W BROWARD BLVD
City & State: AVENTURA, FL	City & State: PLANTATION. FL
Zip: 33180 Country: U.S.A.	Zip: 33324 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2685368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DR. MELVYN G, DRUCKER

Street Address (P.O. Box Number is Not Acceptable): 9655 W BROWARD BLVD

City: PLANTATION FL Zip Code: 33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when not changing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD NAME / DRUCKER, MELVYN G. STREET ADDRESS 9655 WEST BROWARD BLVD CITY-ST-ZIP PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melvyn Drucker MD 2/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #