

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90468 005 ***150.00

DOCUMENT # M41267

1. Entity Name
KENDALL OAKS PROFESSIONAL CENTER, INC.



Principal Place of Business
**6401 SW 87 AVE
SUITE 212
MAIMI FL 33173
US**

Mailing Address
**6401 SW 87 AVE
SUITE 212
MAIMI FL 33173
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2745328**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIDOW, HOWARD B
842 BLACKBIRD COURT
ROCKLEDGE FL 32955**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	MCKEAN, RANDOLPH A	
STREET ADDRESS	6401 SW 87 AVE., SUITE 212	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDOW, HOWARD B	
STREET ADDRESS	842 BLACKBIRD CT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BEN	
STREET ADDRESS	4600 OLYMPIC WAY	
CITY-ST-ZIP	EVERGREEN CO 80439	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KEEN, JAMES W	
STREET ADDRESS	14945 NW 25TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **A MCKEAN** 1/7/2003 (305) 274-1742
Date Daytime Phone #

CR2E034 (10/02)