

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90038 024 \*\*\*150.00

0038614 AV

**DOCUMENT # M85577**  
 1. Entity Name  
**BRUCE W. KEIHNER PROFESSIONAL ASSOCIATION**

Principal Place of Business <b>8895 NORTH MILITARY TRAIL          BLDG E STE 305          PALM BEACH GARDENS FL 33410          US</b>	Mailing Address <b>8895 NORTH MILITARY TRAIL          BLDG E STE 305          PALM BEACH GARDENS FL 33410          US</b>
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2. Principal Place of Business <b>150 Alhambra Circle</b> Suite, Apt. #, etc. <b>Ste. 800</b>	3. Mailing Address <b>150 Alhambra Circle</b> Suite, Apt. #, etc. <b>Ste. 800</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>	4. FEI Number <b>65-0054397</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**KEIHNER, BRUCE W  
 8895 NORTH MILITARY TRAIL  
 BLDG E STE 305  
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 Name  
**Keihner, Bruce W.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 Alhambra Circle, Suite 800**  
 City  
**Coral Gables** FL Zip Code  
**33134**

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 DATE **4/1/02**  
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	<input type="checkbox"/> Delete <b>PD                      KEIHNER, BRUCE W.                      8895 NORTH MILITARY TRAIL BLDG E 305                      WEST PALM BEACH FL 33410</b>
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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD                      Keihner, Bruce W.                      150 Alhambra Circle, Ste. 800                      Coral Gables, FL 33134</b>
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: DATE: **4/1/02** DAYTIME PHONE #: **(305) 476-0955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)