## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 19, 2001 8:00 am

Signature   Signature tried or prival review of prival	1. Entity Nar	MENT # N97000 AUL AND TERESA FINER CHA	, N,	Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90040 033 ****61.25					
2. Principas Piace of Business   3. Mailing Address    Sulfa, Apt. 4, etc.   DO NOT Writte in This SPACE    City & State   City & State   4. FEI Number   59-3446102   Applied For Intelligence    Zip   Country   Zip   Country   8. Certificate of State Desired   \$8.75 Additional    FINER PAUL IN M.D.   Street Address of Current Registered Agent    FINER PAUL IN M.D.   Street Address (P.O. Box Number is Not Acceptable)    FILE NOW:   F.L.   Zip Code    FILE NOW:   F.L.   Zip Code    FILE NOW:   S. Election Companyin Francing    The Applied Agent space is printed more of registered applied and in the Applied Agent    The Applied Agent space is printed more of registered applied and in the Applied Agent    FILE NOW:   S. Election Companyin Francing    The Applied Agent space   Applied Agent Agent Agent space    The Applied Agent space    FILE NOW:   S. Election Companyin Francing    The Applied Agent space    The Applied Agent spa	*		-		<del></del>				
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City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Rent end Address of Current Registered Agent  7. Name and Address of Name Registered Agent  Name  FINER, PAUL M. M.D. 985 LANCASTER DRIVE ORLANDO FL 32806  City  Title 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  Tignature broad or printed name of ingenese agent end the floridate.  NOTE Registered Agent systems are printed remained in the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  Tignature broad or printed name of ingenese agent end the floridate.  NOTE Registered Agent systems required when remetiting:  ACIT  TITLE  TITLE  D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE  NAME  FINER, PAUL M.M.D.  SS LANCASTER DRIVE  OTH-SI-2P  OTH-SI-2P  OTH-SI-2P  OTH-SI-2P  OTH-SI-2P  OTH-SI-2P  TITLE  NAME  SIRET ADDRESS  STRET ADDRESS	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Per Required  E. Name and Address of Current Registered Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Street Address of Current Registered Agent	City & State		City & State		4. FE! Number 59-3446102 Applied For Not Applicable				
FINER, PAUL M M.D. 955 LANCASTER DRIVE ORLANDO FL 32806  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    Signature lipsed or printed name of registered agent, and both, in the state of Florida.    Signature lipsed or printed name of registered agent, and both, in the state of Florida.	Zip			Country			Fee Require		
SIGNATURE  8. The above named ontity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida.  SIGNATURE    Signature   Signatu		6. Name and Address of Current I	Registered Agent	Name	7. Name and Ad	fress of New Registered	Agent		
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  Signature  FILE NOW: FEE IS \$61.25  PILE NOW: FILE NOW: F									
8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.    Signature   True   Fill   NOW:   FeE is \$61.25   Pacific   Papicable   Pacific   Pacific   Papicable   Pacific   Papicable   Pacific   Papicable   Pacific   Pacif									
SIGNATURE    FILE NOW: FEE IS \$61.25				City		FL	Zip Code	3	
TITLE NAME FINER, PAUL M M.D.	FEE IS \$61.25 Trust Fund Contribution.			· •	Added to Fees Department of State			ı	
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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 length 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all block flike empowered. I hereby certify that the informati indicated on this report or suppl of the corporation or the receive changed, or on an attachment w