2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P0000000107 1. Entity Name WAYNE F. BIZER, D.O., P.A. 03-02-2001 90105 039 ***150.00 Principal Place of Business Mailing Address 1001 S.W. 93RD TERR. 1001 S.W. 93RD TERR. PLANTATION FL 33324 PLANTATION FL 33324 ៤០៥/ខេត្តទូកូរ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0972201 Not Apolicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SINAGRA, FRANK J ESQ. Street Address (P.O. Box Number is Not Acceptable) HALEY, SINAGRA & PEREZ, P.A. 100 S.E. 3RD AVE. FT. LAUDERDALE FL 33394 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) **PSTD** Delete TITLE ☐ Change Addition TITLE BIZER, WAYNE F NAME NAME STREET ADDRESS 1001 S.W. 93RD TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier that I good 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 of 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.

E AND TYPEDION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR