-2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000000107 L. Entity Name WAYNE F. BIZER, D.O., P.A.				FILED Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90082 040 ***150.00
Principal Plac 1001 S.W. 93 PLANTATION		Mailing Address 1001 S.W. 33RD TERR. PLANTATION FL 33324		_
2. Principal Place of Business		3. Mailing Address		T (EDINOUT NO DUNI) DENN DENN DENN DENN DENN DENN DENN NON NON NUMBER
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
	6. Name and Address of Cur	rent Registered Agent	Name	7. Name and Address of New Registered Agent
HALEY, S 100 S.E.	, FRANK-J ESQ. SINAGRA & PEREZ, P.A. 3RD AVE. ERDALE FL 33394	و میرمند این	<u> </u>	s (P.O. Box Number is Not Acceptable) FL Zip Code
8. The above named entitive up in this statement for the statement for the state of Florida.				
SIGNATURE .	Signature, typeu.	age Mand title it per Dijectole.	E: Dog Gened Agent Signature requi	red when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X FILE NOW!!! FEE IS \$ After May 1, 2002 Fee will Make Check Payable to Depar			02 Fee will be \$550.00	
11.			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BIZER, WAYNE F 1001 S.W. 93RD TERR. PLANTATION FL 33324	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME		Delete	TITLE NAME	Change Addition
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS.	_	Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
13. I hereby c indicated of the cor changed, SIGNAT	0500	MIM IV	XIII~I	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 Prove 12 if Prove 12 if Date Daytime Phone #