

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000020709**1. Entity Name
PARKWAY RESEARCH CENTER, INC.

Principal Place of Business 7100 N.W. 17TH STREET #207 PLANTATION FL 33313	Mailing Address 7100 N.W. 17TH STREET #207 PLANTATION FL 33313
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2. Principal Place of Business 150 N.W. 168TH STREET	3. Mailing Address 150 N.W. 168TH STREET
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Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
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City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL
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Zip 33169	Country	Zip 33169	Country
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4. FEI Number 65-0985522	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORPORATION COMPANY OF MIAMI**
201 S. BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL 33131 US**7. Name and Address of New Registered Agent**

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.

SIGNATURE _____ **02/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG MITCHELL A.M.D. 7100 N.W. 17TH STREET #207 PLANTATION FL 33313	<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
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	DPT ROSENBERG MITCHELL A.M.D. 150 N.W. 168TH STREET SUITE #300 NORTH MIAMI BEACH FL 33169	<input checked="" 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
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

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: Mitchell A. Rosenberg, M.D. **DPT** **02/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

MICHAEL H. HOFFMAN, SECRETARY
1614 PENNSYLVANIA AVENUE
UNIT 2B
MIAMI BEACH, FLORIDA 33139