

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90033 002 \*\*\*158.75

DOCUMENT # P00000022276

1. Entity Name  
 DR RITA FRIEDMAN, J.D., P.A.

Principal Place of Business Mailing Address

2. Principal Place of Business 13800 HUNTWICK DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address 13800 Huntwick Drive  
 Suite, Apt. #, etc.

City & State ORLANDO FLORIDA  
 Zip 32837 Country USA

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 Zip 32837 Country USA

4. FEI Number 65-0996687  
 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

659750

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name RITA FRIEDMAN  
 Street Address (P.O. Box Number is Not Acceptable) 13800 HUNTWICK DRIVE  
 City ORLANDO FL Zip Code 32837

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  Rita M. Friedman DATE 05/08/01  
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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3. 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 05/08/01 DAYTIME PHONE #

CR2E034 (11/00)