2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90726 037 ***150.00

DOCUMENT # P00000023475

1. Entity Name
FRANTZ K. VITAL, P.A.

Principal Place of Business	Mailing Address
1060 SUNSET STRIP SUNRISE, FL 33313	1060 SUNSET STRIP SUNRISE, FL 33313

2. Principal Place of Business	3. Mailing Address
18921 SW 41 STREET	18921 SW 41 STREET
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIRAMAR FLORIDA	City & State: MIRAMAR FLORIDA
Zip: 33029 Country: USA	Zip: 33029 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0988125 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VITAL, FRANTZ K 1060 SUNSET STRIP SUNRISE, FL 33313	Name: VITAL FRANTZ K Street Address (P.O. Box Number is Not Acceptable): 18921 SW 41 STREET City: MIRAMAR FL Zip Code: 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE

FILE NOW!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

☐ VOTE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	VITAL, FRANTZ K	NAME	VITAL, FRANTZ
STREET ADDRESS	1060 SUNSET STRIP	STREET ADDRESS	18921 SW 41 STREET
CITY-ST-ZIP	SUNRISE, FL 33313	CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frantz K Vital — 4 April 03 — 305-321-8123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #