2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000063993 **DOCUMENT#**

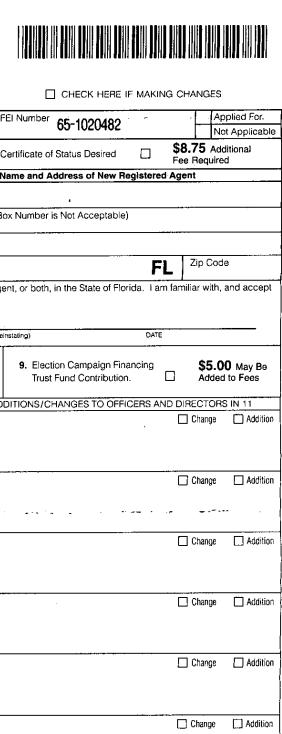
1. Entity Name

CARMEN O. PARTRIDGE, DPM, P.A.

							35				
Principal Place of Business 1875 NE 191ST ST STE 403 AVENTURA FL 33180			1441	Mailing Address 1441 S TRESAURE DR N BAY VILLAGE FL 33141							
2. Principal Place of Business			3. Mailing Address						I FRANKARI KIY ABUKI BAHKI BAHKI BAKKI BAKKI BAKKI BAHKA BILBU KIKB JOKK IRKBA KKI JOK		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						 		
City & State			5 · Cit.	City & State				- 4	FSCN 1	-	
Oky & State								Ī	65-1020482 Not Applicable		
Zip		Country	Zip		Count	ry		5.	6. Certificate of Status Desired		
	6. Name	6. Name and Address of Current		Registered Agent				7.	7. Name and Address of New Registered Agent		
PARTRIDGE, CARMEN O						Name					
	REASURE S						dress (F	20.1	. Box Number is Not Acceptable)		
NORTH BAY VILLAGE FL 33141					•			İ			
5							City		FL Zip Code		
the obligat	e named entit tions of regis		or the purp	oose of changing its	registere	d office or re	egistere	ed a	agent, or both, in the State of Florida. I am familiar with, and accept		
I BIGNATURE	Signature, typed	or printed name of registered agen	t and title if ap	plicable. (NOTI	E: Registered	Agent signature	required	when	in reinstating) DATE		
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AND	<u> </u>						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	l	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	1441 S TF	E, CARMEN O RESAURE DR LAGE FL 33141		☐ Delete					. Change Addition		
TITLE				☐ Delete	TITLE			İ	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		ء د د جي سجوري	- 55.		′ ' I	ET ADDRESS . ST-ZIP		İ			
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ITLE IAME	,			☐ Delete	TITLE NAME				Change Addition		

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90124 008 ***150.00



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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #