2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
04-17-2003 90608 028 ***150.00

55037816

DOCUMENT # P00000106561

1. Entity Name
CUTTING EDGE MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
1600 S FEDERAL HWY.	1600 S FEDERAL HWY.
STE 640	STE 640
POMPANO BEACH FL 33062	POMPANO BEACH FL 33062

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1600 S. FEDERAL HWY	1600 S FEDERAL HWY
Suite, Apt. #, etc. 640	Suite, Apt. #, etc. 640
City & State POMPANO BCH, FL	City & State POMPANO BCH, FL
Zip 33062 Country BROWARD	Zip 33062 Country BROWARD

4. FEI Number 65-1057974 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ROSARIO, MARIA~~ DONALD FISHER D.O.
~~430 NE 12TH ST~~ 2425 SUNRISE KEY BLVD
~~BOCA RATON FL 33432~~ FT. LAUDERDALE, FL 33304.

7. Name and Address of New Registered Agent

Name DONALD FISHER D.O.
Street Address (P.O. Box Number is Not Acceptable) 2425 SUNRISE KEY BLVD.
City FT. LAUDERDALE FL Zip Code 33304.

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] 4/30/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSARIO, MARIA 430 NE 12TH ST BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Don D. Fisher, DO 2425 Sunrise Key Blvd. Fort Lauderdale, FL 33062	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE [signature] 4/18/03 (954) 781-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)