CR2E034 (4/03)

FILED

Jul 28, 2003 8:00 am Secretary of State

07-28-2003 90133 045 ***550.00

OCTIVIO

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

Principal Place of Business

SIGNATURE:

P00000112088

Mailing Address

1. Entity Name

CENTER FOR PROGRESSIVE MEDICINE OF FORT LAUDERDALE, INC.

100 S.E. 15TH AVENUE FORT LAUDERDALE FL 33301		100 S.E. 15TH AVENUE FORT LAUDERDALE FL 33301				_		
			•	1				
2. Principal Place of Business		3. Mailing Address			I (001)(001 III 003)) (101) (00)(4 50 (3)		 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State						oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Add Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re-	istered Age	nt	
DIMETER DAVID L		Name		e 	ليحيد الميار يعيد المنديد المستحد			
BLYWEISS, DAVID J 100 SE 15TH AVE.			Stree	t Address (P.	O. Box Number is Not Acceptable)			
		•	 					
FI. LAUDI	ERDALE FL 33301							
	•		City			FL	Zip Code	е
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 reinstating) DATE								
After Sep	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 Payable to Florida Department of				Election Campaign Finar Trust Fund Contribution.	ncing		O May Be I to Fees
10. OFFICERS AND		DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR!	3 IN 11
TITLE NAME STREET ADDRESS	PSTD BLYWEISS, DAVID J 100 S.E. 15TH AVENUE	Delete	TITLE NAME STREET ADDRE		man Calle	X	Change	Addition
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP	POR	JE 15 AVE TLAUDELDAL	E.A	ودړ	100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delate	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss] Change	Addition
TITLE NAME		☐ Delete	TITLE				Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	s			Change	☐ Addition

12. I hereby certify that the information syphicial 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 of this tendence of the 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 pther like empowered.

OF SIGNING OFFICER OR DIRECTOR