2003 FOR PROFIT CORPORATION

of the corporation or the receiver changed, or on an attachment

FILED Apr 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000114441 DOCUMENT # 04-09-2003 90118 043 ***150.00 1. Entity Name BARRY S. WEINBERG, D.C., P.A. Principal Place of Business 3019 NW 60TH ST. Malling Address 3019 NW 60TH ST. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES 0 Applied For 4. FÉI Number 65-1083756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent w**en**iberg, Barry S Street Address (P.O. Box Number is No 2001 W Cypales 3019 **NW** 60TH St. FT. LAUDERDALE FL 33309 Zip Code 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 SIGNATURE Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution:---Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CR2E034 (10/02) ☐ Change ☐ Addition ☐ Delete TITLE WEINBERG, BARRY S NAME NAME 3019 NW 60TH ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of frue 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 the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the corporation of the corpora

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