CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am P01000008235 DOCUMENT # Secretary of State 1. Entity Name DR. ROBERT BEN MITCHELL, PA 04-10-2002 90462 033 ***150 00 Principal Place of Business Mailing Address 16751 N GLADES DR. STE 9 16751 N GLADES DR. STE 9 N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address 1000 Lincoln Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 240 City & State 4. FEI Number 65-1069522 City & State Applied For Beach Mian Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dr. Robert Ben-Mitchell PHILIPS. DAVID ESQ Street Address (P.O. Box Number is Not Acceptable) 940 LINCOLN RD, STE 319 **MIAMI FL 33139** N. Miani Beach Zip Code 33162 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEN MITCHELL, DR. ROBERT NAME 16751 N GLADES DR. STE 9 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL 33162 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/1/2

305-672-7505