

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90046 017 ***150.00

DOCUMENT # *P01000010103*

1. Entity Name



DO NOT WRITE IN THIS SPACE

94033204

2. Principal Place of Business

77 8TH ST. S.

3. Mailing Address

77 8TH ST. S.

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3697949

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AMATO, LOUIS X.

Street Address (P.O. Box Number is Not Acceptable)

801 LAUREL OAK DR STE 615

City

NAPLES

FL

Zip Code

34102

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<i>PREP S</i>						
	<i>CYNDI FRANCO RAUCH</i>						
	<i>ABOU</i>						
	<i>DIRECTOR</i>						
	<i>JON L. RAUCH</i>						
	<i>ABOU</i>						

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jon L. Rauch* JON L. RAUCH D.M.D.

3-19-04

239-403-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)