

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

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90143 044 \*\*\*150.00

DOCUMENT # **P 01000028319**  
1. Entity Name  
**ARLINGTON PROFESSIONAL CENTER, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4521 PGA BLVD**  
Suite, Apt. #, etc.  
**201**

3. Mailing Address  
**P.O. BOX 30211**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PALM BEACH GARDENS, FL**

City & State  
**PALM BEACH GARDENS, FL**

Zip  
**33418**

Country  
**USA**

Zip  
**33420**

Country  
**USA**

4. FEI Number  
**65-1088399**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**S.A. TARR**

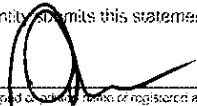
Street Address (P.O. Box Number is Not Acceptable)  
**4440 PGA BLVD. # 305**

City  
**PALM BEACH GARDENS**

State  
**FL**

Zip Code  
**33410**

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.

SIGNATURE  **4/2/02**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when changing)

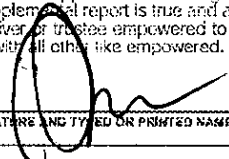
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DP TARR, S.A. P.O. BOX 30211 PALM BEACH GARDENS, FL 33420</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/2/02 561-622-3386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/2/02** Daytime Phone # **561-622-3386**

CR2E034B (12/01)