2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000066159 **DOCUMENT #**



FILED Feb 13, 2003 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1. Entity Name PALM BEA	CH OUTPATIENT CENTER	R, INC.				02-13-2003 !	90212 024	I ***150).00	
2. Principal Place of Rusiness Suite, April #, etc. Suite, April #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Size Country S	2001 N. FLAGLI WEST PALM BE	er dr.	2001 N. FLAGLER DR. WEST PALM BEACH FL 33407								
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City & State City & State City & State City & State City & State City & State City & State City & State City Country S. Certificate of Status Desired S8.75 Additional Personal Pe	Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Execution Agents 8. Execution Campaign Financing 8. Execution Campaign Financing 9. Election Campaig	City & State		City & State			4. FEI Nu	4. FEI Number 65-1141540				
NIGHT, NEAL W JR. 221 ROYAL POINCIANA PLAZA PALM BEACH FL. 33480 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmilier with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State NAME STRETADORISS CITY-ST-2P FILE NOMIS: OTH ST-2P FILE NOWIS: FILE	Zip	Country	Zip	Country				Fee	Required		
KNIGHT, NEAL W JR. 32Î ROYAL POINCIANA PLAZA PALM BEACH FL 33480 6. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE Sprauture, speal or pristed range of registered agent. SIGNATURE Repulsions of registered agent. SIGNATURE Sprauture, speal or pristed range of registered agent. SIGNATURE RELEVANCES OF PECES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Ffortida Department of State O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. SIRELE ADDRESS OFFI- SPRAND BEACH FL 33470 WEST PALM BEACH FL 33470 Delde ITILE ITILE ITILE INME STREET ADDRESS GITY-ST-2P TITLE INME STREET ADDRESS GITY-ST-2P TIT	,	6 Name and Address of Curren	Registered /	ered Agent		7. Name and Address of New Registered Agent					
22 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 City FL Zip Code 8. The above named certify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS CITY-S1-2P KRUMHOLZ, STEVEN MD 201 N. FLACLER DR. CITY-S1-2P TILE NAME STREET ADDRESS CITY-S1-2P TILE NAME STREET AD		U. Italie and Addition			≃Name			<u> برين</u>			
At the cobligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent and late it applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State O		Street Addres	Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the ourpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature special or printed name of registered agent and ten it applicable. (NOTE Registered agent (NOTE Registered agent and see agent and ten it applicable. (NOTE Registered agent signature required when retreating)							-				
8. The above named contributions 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 Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature	PALM BEA	City	-	<u></u>	EI I	Zip Code)				
SIGNATURE Sprakes, typoid or printed name of registered agent and see it applicable FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-2IP TITLE N					'						
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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 bath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RE