2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000083623

Entity Name: AREF WAPPI, M.D., P.A.

Current Principal Place of Business:

13131 WHITEHAVEN LANE, #181
FORT MYERS, FL 33912

New Principal Place of Business:

9200 BONITA BEACH ROAD
209
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

13131 WHITEHAVEN LANE, #181
FORT MYERS, FL 33912

New Mailing Address:

9200 BONITA BEACH ROAD
209
BONITA SPRINGS, FL 34135 US

FEI Number: 65-1131845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAPPI, AREF M.D.
13131 WHITEHAVEN LANE, #181
FORT MYERS, FL 33912

Name and Address of New Registered Agent:

WAPPI, AREF M.D.
9200 BONITA BEACH ROAD
209
BONITA SPRINGS, FL 34135 US

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: AREF WAPPI 04/10/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Change (X) Addition
Name: WAPPI, AREF MD
Address: 9200 BONITA BEACH ROAD, SUITE 209
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AREF WAPPI MD 04/10/2002
Electronic Signature of Signing Officer or Director Date