2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1500 E. HILLSBORO BLVD.

DEERFIELD BEACH FL 33441

SUITE 210

DOCUMENT # P01000102692

1. Entity Name

Principal Place of Business

1500 E. HILLSBORO BLVD.

DEERFIELD BEACH FL 33441

ARENA MEDICAL CARE ASSOCIATES, P.A.

FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90045 020 ***150.00

: 1001/1001 | 11 | ETILL 1101/ 011/1 | ETILL 1101/ 1101/ 1101/ 1101/ 1101/ 1101/ 1101/ 1101/ 1101/ 1101/ 1101/

		Lo Maille a Address			-		i baibi ilan da	HA COLON CONTRA	lakia ikak kaak		
	ace of Business	3. Mailing Address	D								
3501 Suite, Apt.	West Drive	350 West . Suite, Apt. #, etc.	<u> </u>			\		011481055			
Suite, Apt.		Suite B				CHECK HERE	F MAKING	CHANGES			
City & State		City & State		(, , ,	4.	. FEI Number 01-0561011		A	oplied For		
_ ' ' ' '	eld Beach Fl	Deertied	Bea	ch.tl.		0170301011			ot Applicable		
33442	Country	33442	Coun	owar d	5.	Certificate of Status Desired		8.75 Ad ee Require			
<u> </u>	6. Name and Address of Current I	Registered Agent			7.	. Name and Address of New R	egistered A	gent			
	gar to the desired the same of	ارينيا داري اي پهره منيني بنداد. درينيا داري اي پهره منيني بنداد		Name	_ ~	and the second second					
filings, i	NC.			Street Address (P.O. Box Number is Not Acceptable)							
3732 N.W.	. 16TH STREET			_	<u> </u>			·_			
FT. LAUDE	ERDALE FL 33311-4132										
				City			FL	Zip Cod	ie		
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	tered a	agent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept		
	ions of registered agent.	- · ·	-								
	24 T	•									
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requ	ired whe	en reinstating)	DATE				
Qi.	ILE NOW!!! FEE IS \$150.00			•				05.4	30		
	May 1, 2003 Fee will be \$550.00					 9. Election Campaign Fir Trust Fund Contributio 			00 May Be d to Fees		
Kake Check	Payable to Florida Department of	State				nast rana communic		71000	a 10 1 000		
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFF			RS IN 11		
TITLE	D	☐ Delete	TITL	E D				Change	Addition		
NAME	ARENA, JOSEPH J MD		NAM	E AT	ena	Joseph J. M.D. West Drive S	1/2				
STREET ADDRESS	1500 E. HILLSBORO BLVD. SUITI	E 207		ET ADDRESS 35	[0]	West Drive S	uited				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	<u></u>	CITY	-ST-ZIP De	en	Field Beach, Fl. 3	3442				
TITLE		☐ Delete	TITL	Ε		,		Change	Addition		
NAME			NAM								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP				'-ST-ZIP				FT Change	Addition		
TITLE		Delete	= TITL ≈ NAM				21 \$774 L 10 ₹ \$.	☐ Change	- Munition		
NAME				EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	•			-ST-ZIP							
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITL	E -				☐ Change	☐ Addition		
NAME		□ Delete	NAM					,			
STREET ADDRESS		**	STR	EET ADDRESS			-				
CITY-ST-ZIP			CITY	'-ST-ZIP							
TITLE		☐ Delete	TITL	E				☐ Change	Addition		
NAME			NAM	KE							
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP			CITY	'-ST-ZIP							
TITLE		∫ □ Delete	TITL					☐ Change	☐ Addition		
NAME	//	//	NAM								
STREET ADDRESS	//	//		EET ADDRESS (-ST-ZIP							
CITY-ST-ZiP	pertify that the information supplied with	this filing does not qualify for		,	Section	on 119,07(3)(i), Florida Statutes.	I further cert	ify that the	information		
12 Ingrahy/	cerum inat ine intormation si konued Will	consummer noes nor quality ic	2 HE EXT	amplion Stated II.	・ひつしにし	on major (o)(n, monda otatotos.					

2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 of trustee employered 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

954-426-1000

Daytime Phone #