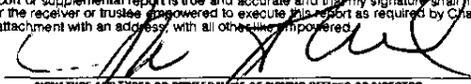


**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90061 045 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000113206</b>					
1. Entity Name <b>MARC PRESSEL, P.A.</b>					
Principal Place of Business 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437		Mailing Address 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1156476</b>	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESSEL, MARC 5775 GRAND HARBOUR CIR. BOYNTON BEACH, FL 33437			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 2003 Fee will be \$650.00 Amended UBR is \$81.26 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESSEL, MARC		NAME		
STREET ADDRESS	6775 GRAND HARBOUR CIR.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 (or signatures) 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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Date: 8/24/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 561-709-6443		

CR2E034 (10/02)

Attachment

80146206

P01000113206

To Whom It May Concern:

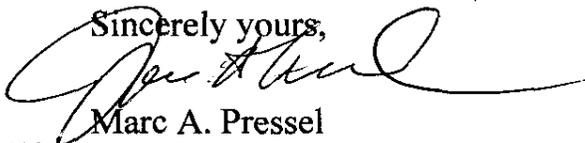
Re: Marc Pressel PA

Please be advised that my wife is chronically ill with a very serious case of Muscular sclerosis and has been having a large amount of medical care and hospitalizations. In addition her condition has worsened to the point that in order for me to work, I have needed to use a Nurse Home Health Aide, which is not covered by any insurance.

Needless to say, the pressure financially as well as personally has been tremendous and I have found it difficult to keep a track of a number of obligations. To add additional financial pressure ( in the form of the late fee of an additional \$400) would be especially hard, and would affect my ability to take care of my wife's medical needs. Her medications are numerous.

Please take this letter as a plea to forgive the late fee. I am enclosing the \$150- fee and assure you that I will be on time in the future.

Sincerely yours,



Marc A. Pressel