2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 20, 2003 8:00 am Secretary of State 01-30-2003 90103 030 ***150.00

DOCUMENT # P02000014861 1. Entity Name VALCOURT FRAGE, M.D., P.A.				J2008821
Principal Place of Business Mailing Address 126 N FLAGLER AVE 126 N FLAGLER AVE POMPANO BCH FL 33060 POMPANO BCH FL 3306				
2. Principal Place of Business		3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State		4. FEI Number Applied For Not Applicable
Ζŧρ	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulrod
	6. Name and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent
Name				
FRAGE, VALCOURT MD Street Address (i			ress (P.O. Box Number is Not Acceptable)	
POMPANO	BCH FL 33060	-		
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	Valcourt, Frage Mo President 126 N. Flagler Aven Pompano Bch, FL	PA Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
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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 path; 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: