2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000028363

Entity Name: MICHAEL SORE, M.D., P.A

Apr 25, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

817 CRENSHAW LAKE RD. 2729 N RIDGEWOOD AVE LUTZ, FL 33549

APT. 4

TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

817 CRENSHAW LAKE RD. 2729 N RIDGEWOOD AVE LUTZ, FL 33549 APT. 4

TAMPA, FL 33602 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROZA, LAURA JONES, KATHY 817 CRENSHAW LAKE RD. 2729 N RIDGEWOOD AVE

LUTZ, FL 33549 TAMPA, FL 33602 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: KATHY JONES 04/25/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SORE, MICHAEL SORE, MICHAEL Name: Name:

2729 N RIDGEWOOD AVE APT. 4 817 CRENSHAW LAKE RD. Address: Address:

City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33602 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 Statutés. 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: MICHAEL SORE M.D. 04/25/2003 D