


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

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90068 043 \*\*\*150.00

DOCUMENT # <b>P02000039816</b>	
1. Entity Name <b>Brian Bedigian, P.A.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>341 NW 35 Street</b>	3. Mailing Address <b>341 NW 35 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Oakland Park, Florida</b>	City & State <b>Oakland Park, Florida</b>	4. FEI Number <b>01-0664206</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Brian Bedigian</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>341 NW 35 Street</b>	
	City <b>Oakland Park</b>	FL Zip Code <b>33309</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PV/S/T/D</b> <b>Brian Bedigian,</b> <b>341 NW 35 St Oakland Park, FL 33309</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Brian Bedigian** 3/26/03 954-205-5275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)