2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2003
Secretary of State

DOCUMENT# P02000072592

Entity Name: BEHAVIORAL MEDICINE ASSOCIATES, P.A.

Current Principal Place of Business:

2100 E. HALLANDALE BEACH BLVD. #302
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

2100 E. HALLANDALE BEACH BLVD. #302
HALLANDALE BEACH, FL 33009

New Mailing Address:

P.O. BOX 140807
CORAL GABLES, FL 33114

FEI Number: 74-3051488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECHNER, SUZANNE C
2100 E. HALLANDALE BEACH BLVD. #302
HALLANDALE BEACH, FL 33009

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LECHNER, SUZANNE C
Address: 2100 E. HALLANDALE BEACH BLVD. #302
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: LECHNER, SUZANNE C
Address: 2100 E. HALLANDALE BEACH BLVD. #302
City-St-Zip: HALLANDALE BEACH, FL 33009

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 Statutes. 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: SUZANNE C. LECHNER DR. 05/24/2003

Electronic Signature of Signing Officer or Director — Date