2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000075634 **DOCUMENT #**

1. Entity Name

ORIF, INC.



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FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90166 044 ***150.00

3401 PGA BLVI PALM BEACH () STE 500	3401 PG/	Maining Address 3401 PGA BLVD STE 500 PALM BEACH GARDENS FL				1201		
2. Principal Pl	ace of Business	3. Mailing	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & S	City & State			. FEI Number 22 - 385 > 301	———·	pplied For lot Applicable	
Zip	Country	Zip		Country	5.	5. Certificate of Status Desired Service Servi			
6. Name and Address of Current Registered Agent				Nomô	7. Name and Address of New Registered Agent Name				
POSNER, MICHAEL J				Name	Name				
-			Street Address			(P.O. Box Number is Not Acceptable)			
4420 BEACON CIR STE 100 WEST PALM BEACH FL 33407						· · · · · · · · · · · · · · · · · · ·			
WEST TAL	III DEAON I C SOTO			City			FL Zip Coo	de	
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 _			water a				DATE		
	Signature, typed or printed name of registered		ole. (NOTE: R	egistered Agent signa	inte tedinted when	reinstating)		<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finar Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS	AND DIRECTORS	·	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11	
TITLE 1			☐ Delete	TITLE	DP	 	☐ Change	Addition	
NAME				NAME	1	FRANK F MD		1	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		PGA BLVD SUITE	500		
TITLE			Delete	TITLE	PALM	BEACH GARDENS,	FL 3341	O Addition	
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NAME STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	1			ľ	
12. I hereby co	ertify that the information supplied	d with this filing do	es not qualify for th	e exemption sta	ted in Section	n 119.07(3)(i), Florida Statutes. I fu	urther certify that the i	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 Block 11 if changed, or on an attachment with an additional properties and the properties of the changed.

SIGNATURE:

CR2E034 (10/02)