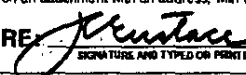


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000104201		
1. Entity Name JOHN C. EUSTACE, M.D., P.A.		
Principal Place of Business 10830 SW 113 PL. MIAMI, FL 33176		Mailing Address 10830 SW 113 PL. MIAMI, FL 33176
2. Principal Place of Business 9000 S.W. 87th Ct. Suite, Apt. #, etc. #112 City & State MIAMI FL Zip 33176 Country USA		3. Mailing Address 9000 S.W. 87th Ct. Suite, Apt. #, etc. #112 City & State MIAMI FL Zip 33176 Country USA
		4. FEI Number 02-0649173 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EUSTACE, JOHN MD 10830 SW 113 PL. MIAMI, FL 33176		7. Name and Address of New Registered Agent Name John C. Eustace, M.D. Street Address (P.O. Box Number is Not Acceptable) 9000 S.W. 87th Ct. #112 City MIAMI FL Zip Code 33176
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  DATE 5/1/03 (NOTE: Registered Agent's signature required when necessary)		
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	P EUSTACE, JOHN MD 10830 SW 113 PL. MIAMI, FL 33176 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP P EUSTACE, JOHN C. 9000 S.W. 87th Ct. #112 MIAMI, FL. 33176 ☒ Change ☐ Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE  M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/1/03 DAYTIME PHONE # 305-273-7772