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	Mailing Address
10830 SW 113 PL. MIAMI, FL 33176	10830 SW 113 PL. MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
9000 S.W. 87th Ct.	9000 S.W. 87th Ct.
Suite, Apt. #, etc. #112	Suite, Apt. #, etc. #112
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33176 Country USA	Zip 33176 Country USA

☐ CHECK HERE IF MAKING CHANGES

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 [signature] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE NOW DUE: $150.00 After May 1, 2003 Fee will be $550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	P EUSTACE, JOHN C. 9000 S.W. 87th Ct. #112 MIAMI, FL. 33176 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature], M.D. 5/1/03 305-273-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)