2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

ONE MEDICAL PLAZA

ONE WEST SAMPLE RD.. SUITE 104

DOCUMENT #	P0200011	7022
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1. Entity Name

Principal Place of Business

ONE WEST SAMPLE RD.. SUITE 104

ONE MEDICAL PLAZA

STACEY BOSHNICK JONES, PH.D., P.A.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90215 031 ***150.00

2. Principal Places of Qualifiess 3. Mailing Addresses 4. #2.4 Cop. A.L. U.A.Y Sulle, Apt. #. etc. CheCk Heals if MAKING CHANGES City & State Ci								
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St. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent		/		<u> </u>	01-17-50706			
Name Street Address (P.O. Box Number is Not Acceptable)	33,59		33155	_ Country _	5. Certificate of Status Desired			
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200 S BISCAYNE BLVD STE 2500 MIAMI FL 33131-2336 City FL Zip Code 6. The above named anxity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State				Name			ļ	
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City FL Zip Code 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 Sign				<u> </u>				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tarn familiar with, and accept the obligations of registered agent. Signature	MIAMI FL	33131-2336						
THE POSIGNATURE Signame Noted of Proceedings of the Section of the				City	•	FL Zip Cod	le	
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FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D JONES, STACEY B SIRRET ADDRESS CITY-ST-2P MIAMIF IS 33155 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-S	SIGNATURE .							
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indicated on this report of 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 AND TYPES OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #