FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
06-02-2005 90002 021 ***158.75
P03000028959

05 JUN 24 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/2

DOCUMENT # P03000028959

1. Entity Name
CONSTANCE J. CUSTER, RNFA P.A.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-05

2. Principal Place of Business	3. Mailing Address
1457 NE 53RD STREET	1457 NE 53RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FLORIDA	City & State: FORT LAUDERDALE FL
Zip: 33334 Country: USA	Zip: 33334 Country: USA

4. FEI Number: 65 117 5593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CONSTANCE J. CUSTER

Street Address (P.O. Box Number is Not Acceptable): 1457 NE 53RD STREET

City: FORT LAUDERDALE FL Zip Code: 33334

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/D/C
NAME	CONSTANCE J. CUSTER
STREET ADDRESS	1457 N.E. 53RD STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

4/19/04 90314 039
$158.75

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Constance J. Custer, RNFA P.A. May 29, 2005 (954) 873-4822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/2

CONSTANCE J. CUSTER, RN CNOR RNFA
REGISTERED NURSE FIRST ASSISTANT
1457 N. E. 53rd STREET
FORT LAUDERDALE, FLORIDA 33334
PHONE: (954) 873-4822 ~ FAX: (954) 776-5547

June 23, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

This letter is to request a waiver of reinstatement fees for my corporation. I did not receive any notices last year (2004) concerning the dissolution of said corporation:

Constance J. Custer, RNFA P. A.

Thank You for your kind attention regarding this matter.

Sincerely,

Constance J. Custer

Constance J. Custer