FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an a

SIGNATURE

Feb 19, 2002 8:00 am Secretary of State P93000017323 **DOCUMENT #** 1. Entity Name 02-19-2002 90127 011 ***150.00 SAMUEL RAND MEDICAL CLINIC, P.A. Mailing Address Principal Place of Business 4480 SHERIDAN ST 4480 SHERIDAN ST EMERALD HILLS MEDICAL SQUARE EMERALD HILLS MEDICAL SQUARE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0400708 Not Applicable Country \$8.75 Additional Ziō Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAND, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 4480 SHERIDAN ST **EMERALD HILLS MEDICAL SQUARE** HOLLYWOOD FL 33021 Zip Code City FI. 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition ☐ Change ☐ Delete TITLE TITLE RAND, SAMUEL NAME NAME 4480 SHERIDAN ST EMERALD HILLS MEDICAL SQ STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS --STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expolemental 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

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