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

04-07-2003 90988 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000034348

1. Entity Name
DIANA CARMELITA MATIGIAN, P.A.

Principal Place of Business	Mailing Address
CROSSROADS PROFESSIONAL PLAZA 7777 N DAVIE ROAD EXTENSION SUITE 102B DAVIE, FL 33024 US	CROSSROADS PROFESSIONAL PLAZA 7777 N DAVIE ROAD EXTENSION SUITE 102B DAVIE, FL 33024 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4701 NE 29TH AV	7115 W. NORTH AV
Suite, Apt. #, etc.	Suite, Apt. #, etc. #366
City & State: FT LAUDERDALE FL	City & State: OAK PARK IL
Zip: 33308 Country: US	Zip: 60302 Country: US

4. FEI Number 65-0416105 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATIGIAN, DIANA C
7777 N DAVIE ROAD EXTENSION
SUITE 102B
DAVIE, FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4701 NE 29TH AVE

City: FT LAUDERDALE FL Zip Code 33308

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

FILE ANNUAL REPORT FEE: $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	PVST	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	MATIGIAN, DIANA C		NAME		
STREET ADDRESS	7777 N DAVIE RD EXTENSION STE 102B		STREET ADDRESS	4701 NE 29TH AV	
CITY-ST-ZIP	DAVIE, FL 33024		CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	MATIGIAN, DIANA C		NAME		
STREET ADDRESS	7777 N DAVIE RD EXTENSION STE 102B		STREET ADDRESS	4701 NE 29TH AV	
CITY-ST-ZIP	DAVIE, FL 33024		CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: D. Matigian 4-1-03 954-938-8560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)