

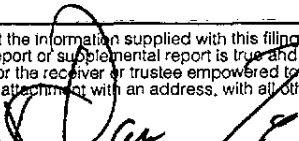


FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000038850		Secretary of State	
1. Entity Name DAN ZOHAR, P.A.			
Principal Place of Business 8902 N. DALE MABRY HWY SUITE 111 TAMPA, FL 33614		Mailing Address 8902 N. DALE MABRY HWY SUITE 111 TAMPA, FL 33614	
DO NOT WRITE IN THIS SPACE			
		02052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3183895	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ZOHAR, DAN 8902 N. DALE MABRY HWY SUITE 111 TAMPA, FL 33614		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ZOHAR, DAN 8902 N. DALE MABRY HWY, SUITE 111 TAMPA, FL	000000057564 02/19/04-80086-014 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
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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 667, 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:  - DAN ZOHAR		X 2/16/04 X(813)935-9444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	