FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085535 1. Entity Name MICHAEL HECHT, O.D., P.A.							Feb 28, 2002 8:00 am Secretary of State 02-28-2002 90052 040 ***150.00						
Principal Place of Business 7892-SANDHILL COURT WEST-PALM DEACH FL 33412 US			Mailing Address 7892 SANDHILL COURT WEST PALM BEACH FL 33412 US										
2. Principal F	WATE	REFORD DR	3. Mailing Address 167 WATERFORD DR Suite, Apt. #, etc.			R	DO NOT WRITE IN THIS SPACE						
City & Stat		FL	City & State JUPITER FL			4. F	4. FEI Number 65-0454501				_ 	plied For t Applicable	
Zip 3348		Country ひち	33428	Country (צי	5. C	5. Certificate of Status Desire			ed S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent								
HECHT, MICHAEL 7 892 SANDHILL COURT WEST PALM BEACH FL 3341 2					Street Address (P.O. Box Number is Not Acceptable)								
					City JU	JUPITER F					Zip Code	3428	
8. The above	named entity	y submits this statement for t	he purpose of changing its r					, in the State	of Florida.				
SIGNATURE	Signature, typed	Q H-cc_+ or printed name of registered agent and	Hitle if applicable. (NOTE:		/ HEC H	quired when rei	instating)		D.	2 ATE	-/15/0	3.2	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
117	1	OFFICERS AND DI		12.	· · · · · · · · · · · · · · · · · · ·	ADI	DITIONS/C	HANGES TO	O OFFICERS			3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 892 SAN	IICHAEL O D DHILL COURT IM BEACH FL 33412	☐ Delete	NAME STREET A	I .			FORD FL	DR 3345	/	≰ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST	ADDRESS		1 - 7	·			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A	I] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST-] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST-] Change	☐ Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNALIHEASTEQUIRED
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Daytime Phone #