

DOCUMENT # P94000029427


1. Entity Name

DERICK J. ROULHAC, P.A.

03-04-2000 90117 021 ***150.00

[illegible]

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---------|--|---------|--|--|
| Principal Place of Business | | Mailing Address | | <div style="text-align: center;"> C0031630  DO NOT WRITE IN THIS SPACE </div> | |
| ONE EAST BROWARD 700 FT. LAUDERDALE FL 33301 US | | P.O. BOX 22313 FT. LAUDERDALE FL 33335-2313 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0486642 <div style="float: right;"> Applied For Not Applicable </div> | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
|--|--|--------------------|
| DERICK ROULHAC ONE EAST BROWARD SUITE 700 FT. LAUDERDALE FL 33301 | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | | |
| | City | FL Zip Code |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

| | | | |
|--|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p> | <p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> | <p>\$5.00 May Be Added to Fees</p> |
|--|--|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ROULHAC, DERICK 10300 NW 18TH PLACE PLANTATION FL 33322 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)