

DOCUMENT # P94000043885

1. Entity Name
THOMAS R. WADDELL, PH.D., P.A.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90047 015 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
9121 NORTH MILITARY TRAIL
STE 218
PALM BEACH GARDENS FL 33410

Mailing Address
9121 NORTH MILITARY TRAIL
STE 218
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address
6502 WINDING LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JUPITER FL

4. FEI Number 65-0502237

Applied For
Not Applicable

Zip Country

Zip Country
33458 PALM BEACH

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

6. Name and Address of Current Registered Agent

WADDELL, THOMAS R
6502 WINDING LAKE DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D WADDELL, THOMAS R 6502 WINDING LAKE DRIVE JUPITER FL 33458	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas R. Waddell THOMAS R WADDELL 1-02-01 561 741 0654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)