## FILED Mar 05, 2003 8:00 am § Secretary of State

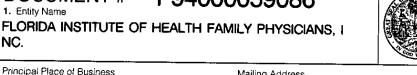
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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

P94000059086

FLORIDA INSTITUTE OF HEALTH FAMILY PHYSICIANS, I





Principal Place of Business Mailing Address 4420 W OAKLAND PARK BLVD 4420 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0514806 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEEDS, ALEX Street Address (P.O. Box Number is Not Acceptable) 4420 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 City 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. 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 NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME LEEDS, ALEX NAME STREET ADDRESS 4420 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-7IP LAUDERDALE LAKES FL 33313 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME LEEDS, ROBERT NAME STREET ADDRESS 4420 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-78 Lauderdale lakes fl 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE FEB 2 6 3MM,
FIH ADMIN Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Defete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-7IE

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition