

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90433 002 ***150.00

DOCUMENT # P94000061749

1. Entity Name

ACR MEDICAL ARTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5601 N. FEDERAL HWY

3. Mailing Address

5301 NW 2nd AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

PH-D

City & State

BOCA RATON FL.

City & State

BOCA RATON, FL.

Zip

33487

Country

Zip

33487

Country

4. FEI Number

65-0514853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BURSTEIN, R. RACHEL

Street Address (P.O. Box Number is Not Acceptable)

5301 NW 2nd AVE, #PH-D

City

BOCA RATON

FL

Zip Code
33487

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

R. RACHEL BURSTEIN

R. Rachel Burstein

4/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST AND REGISTERED AGENT
BURSTEIN, R. R.
5301 NW 2nd Ave., #PH-D
BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Rachel Burstein Pres. R. RACHEL BURSTEIN

Date

4/4/02

Daytime Phone #

561-367-8366