


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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90425 043 \*\*\*150.00

DOCUMENT # P95000001074

1. Entity Name  
MICHAEL BESSOS, M.D. PA  
2632 SW Port St. Luce Blvd  
Port St. Luce, FL 34953



10001000

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2632 SW Port St. Luce Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
2632 SW Port St. Luce Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Port St. Luce, FL

City & State  
Port St. Luce, FL

Zip  
34953 Country  
USA

Zip  
34953 Country  
USA

4. FEI Number  
65-0546315

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MICHAEL BESSOS

Street Address (P.O. Box Number is Not Acceptable)  
2632 SW Port St. Luce Blvd.

City  
Port St. Luce State  
FL Zip Code  
34953

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] MICHAEL BESSOS x 4/29/03

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Michael Bessos</u> <u>2632 SW Port St. Luce Blvd</u> <u>Port St. Luce, FL 34953</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: x [Signature] MICHAEL BESSOS x 4/29/03 (772) 878-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)