

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90017 049 ***558.75

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DOCUMENT # P95000028026

1. Entity Name
FACULTY PRACTICE SERVICES (FLA.) INC.

Principal Place of Business
2429 HOLLYWOOD BLVD
HOLLYWOOD FL 33026
US

Mailing Address
2429 HOLLYWOOD BLVD
HOLLYWOOD FL 33026
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NO ACTIVE BUSINESS

3. Mailing Address
3131 S DEXEL DR

Suite, Apt. #, etc.
ADDRESS

Suite, Apt. #, etc.
SUITE 421

City & State

City & State
DAYTON OH

4. FEI Number
65-0574855

Applied For
 Not Applicable

Zip

Country

Zip
45439

Country
USA

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

6. Name and Address of Current Registered Agent

ROOF, STEPHEN L
ONE SOUTHEAST THIRD AVE.
STE. 2110
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Michael Quaredaro, Esq**
 Street Address (P.O. Box Number is Not Acceptable)
500 Southeast 6th Street
Suite 100
 City **Ft Lauderdale** **FL** Zip Code **33301**

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 **9/6/01**
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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REITER, BARRY S ONE BANKSVILLE ROAD ARMONK NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ULLAH, JOCELYN N 143 SE 2ND CT DANIA BEACH FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 **8/27/01** **212 685-6911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)