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FILED
Jul 06, 2001 8:00 am
Secretary of State

06-19-2001 90005 021 ***550.00

[redacted] 75724

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000041591

1. Entity Name

PROFESSIONAL FORVM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1100 MONTANA STREET ORLANDO FL 32803	1100 MONTANA STREET ORLANDO FL 32803

2. Principal Place of Business		3. Mailing Address	
1100 MONTANA STREET		1100 MONTANA STREET	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32803	Country: USA	Zip: 32803	Country: USA

4. FEI Number: 59-3318999 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN W. BREWER, III 1100 MONTANA STREET ORLANDO, FL 32803	Name: MICHAEL A. NOCERO, JR., M.D. Street Address (P.O. Box Number is Not Acceptable): 1100 MONTANA STREET City: ORLANDO FL Zip Code: 32803

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 Michael A Nocero

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 $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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, DIRECTOR NOCERO, MICHAEL A. JR, M.D. 103 SATSUMA DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT, DIRECTOR ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT, DIRECTOR BREWER, JOHN W. III 101 CAMPHOR TREE LN ALTAMONTE SPRINGS, FL 32714	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Michael A. Nocero 6-6-01 407-206-0788

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

STF FL32381F.1