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Suite, Apt. #, etc. SUITE, 490 City & State Country 33021 Country 33021 Country 33021 Country 33021 Country Country Suite Applied For Indicate of Status Desired State of Season of New Registered Agent Name BRILLIANT, PATRICK 1150 N. 35TH AVENUE SUITE 490' City Suite City FL Zip Code City Suite City FL Zip Code City Suite City FL Zip Code City Fl	HOLLYWOOD,	FL 33021 of Business	HOLLYWOOD, FL 33021							
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BRILLANT, PATRICK 1150 N. 35TH AVENUE SUITE 490' HOLLYWOOD, FL 33021 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE Signature Signature, speed o private reme of registered defice or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private reme of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private reme of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature, speed o private remember of registered agent, or both, in the State of Florida. SIGNATURE Signature requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SIGNATURE Department of State 11. SIGNATURE Signature requirement and elects to do so. Make Check Payable to Department of State SIGNATURE Signature requirement and elects to do so. Make Check Payable to Department of State SIGNATURE Signature requirement and elects to do so. Make Check Payable to Department of State SIGNATURE Signature requirement and elects to do so. Make Check Payable to Department of State SIGNATURE Signature requirement and elects to do so. Make Check Payable to	. 6	i. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
SUITE 490 1 HOLLYMOOD, FI, 33021 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 SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payabite to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BRILLIANT, PATRICK M.D. STREET ADDRESS GITY-ST-2P HOLLD/WOOD, FI, 33021 Delete Delete TITLE NAME STREET ADDRESS GITY-ST-2P TITLE NAME STREET ADDRESS G	BRILLANT,	PATRICK				s (P.O. Box Numbe	er is Not Acceptable)		
######################################	1150 N. 35	TH AVENUE								
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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.

SIGNATURE: 👱

PATRICK BRILLANT, M.D. 4/30/01 (954) 981 5400