FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90135 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010428

1. Entity Name
Bennett Family Practice RA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 NW 82 Avenue	201 NW 82 Avenue
Suite, Apt. #, etc Suite #306	Suite, Apt. #, etc Suite #306
City & State Plantation, FL	City & State Plantation, FL
Zip 33324 Country USA	Zip 33324 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0642066
☐ 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: Joel Piotrowski

Street Address (P.O. Box Number is Not Acceptable):
629 71 Street

City: Miami Beach FL Zip Code: 33141

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, 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	Reiter, Ben President/Sec/D 201 NW 82 Ave #306 Plantation, FL 33324
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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 an attachment with an address, with all other like empowered.

SIGNATURE: Ben Reiter 4/16/02 9544727432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Profit

BENNETT FAMILY PRACTICE, P.A.

PRINCIPAL ADDRESS
201 NW 82 AVENUE
SUITE 306
PLANTATION FL 33324
Changed 04/12/1999

MAILING ADDRESS
201 NW 82 AVENUE
SUITE 306
PLANTATION FL 33324
Changed 04/12/1999

Document Number	FEI Number	Date Filed
P96000010428	650642066	02/01/1996
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
PIOTRKOWSKI, JOEL 627 71ST ST MIAMI BEACH FL 33141
Name Changed: 03/20/1998
Address Changed: 03/20/1998

Officer/Director Detail

Name & Address	Title
REITER, BEN Z 9600 WEATHERVANE MANOR PLANTATION FL 33324	D
MURRY, PAUL 201 NW 82 AVENUE, #306	SD