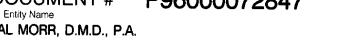
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072847





FILED Mar 06, 2003 8:00 am Secretary of State

TAL MORR, D.M.D., P.A.								03-06-2003 90088 006 ***150.00				
Principal Place of Business 20760 W DIXIE HWY MIAMI FL 33180 US				Mailing Address 20760 W DIXIE HWY MIAMI FL 33180 US				T TERRITORI (HE TOUR ENDE ENDE ENDE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1116 (1 61 6 (1811)	351 51 33 1 351 1	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE	IF MAKINO	3 CHANGES	S	
City & State			City & State				4. FEI Number 65-0705835	 -		pplied For ot Applicabl		
Zip			Zip	,		try		5. Certificate of Status Desired		\$8.75 Ad	lditional	٦
6. Name and Address of Current Registered Agent								7. Name and Address of New F	Registered			┨
						Name						٦
MORR, T 20760 W	AL DMD			Street Add	dress (P.	O. Box Number is Not Acceptable	e)			-		
MIAMI FL	_ 33180								. =	-		7
9. The object	o nomed anti-			·		City		-	FL			
the obliga	e named entity ations of registe	ered agent.	or the purp	ose of changing its	registere	ed office or re	egistered	d agent, or both, in the State of Flo	orida. I am	familiar with,	and accept	7
SIGNATURE		or printed name of registered agent	and title if app	dicable. (NOTE	: Registered	f Agent signature	required wh	nen reinstating)	DATE			
Afte Make Chec	er May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o			-			Election Campaign Fir Trust Fund Contribution		\$5.0 Addec	0 May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	\dashv
TITLE	PVST			☐ Delete	TITLE			*		☐ Change	Addition	1
NAME CERET ARRESON	MORR, TAL				NAME							
STREET ADDRESS CITY-ST-ZIP	20760 W D MIAMI FL 3					T ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	1
NAME STREET ADDRESS					NAME	- 1				·		1
CITY-ST-ZIP						T ADDRESS ST-ZIP						ļ
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TITLE NAME				☐ Defete	TITLE					☐ Change	Addition]
STREET ADDRESS					NAME STREET	ADDRESS						
CITY-ST-ZIP					CITY-S							

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REDUTAL Mona

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