FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 03, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE Secretary Report Repo	DOCU 1. Entity Nam	MENT # P9600008	34098		06-03-2002 91192	2 005 ***550.00
2. Principal Place of Pauliness Solid Agric 4 set. Solid Agric 4	ל	HOWARD B. WE	EISS, D.O., P	.A. · 🔾		
Southpoint Park Southpoint					B0124120	
Suite 101 Cay State Jacksonville, FL Zip 32216 Country USA Zip 32216 Country USA S. Contriction of Status Desired State Address of Current Registered Agent The above resented entry submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Fondia. State Address (PO Box Number is Not Acceptable) 1301 Riverplace Blvd, Suite 1700 Street Address (PO Box Number is Not Acceptable) State Address (PO Box Number is Not Acceptable) 1301 Riverplace Blvd, Suite 1700 Street Address (PO Box Number is Not Acceptable) State Address (PO Box Number is Not Acceptable) 1301 Riverplace Blvd, Suite 1700 Street Address (PO Box Number is Not Acceptable) State	2. Principal Place of Business 6800 Southpoint Park- 6800 South			point Park-		•
City State	Suite, Apt. #. etc.		Suite, Apr. #, etc. way, Suite 101		DO NOT WRITE IN THIS SPACE	
Tip 32216 County USA Zip 32216 County USA S. Certificate of Status Desired S8.75 Acesteral Improperties	City & State		City & State			
No.	71	Carrent	710	Country		\$8.75 Additional
IN THIS SPACE City Jacksonville FL \$92267	- বর্মনী বিশ্ববিদ্যা <u>নি</u> হিছ	sales and a least content of the				od Agent
IN THIS SPACE City Jacksonville FL \$92267				Name Volpe	, Bajalia, Wickes &	Rogerson
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B. The above named entry submits this statement for the purpose of changing its registered agent, or both. In the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy at Intengible Tax Riling requirement and elects to do so Satisfy Requirement and elects to do so		IN THIS SF	ACE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Riverplace Bivo., Si	ille 1/00
SIGNATURE Signature Signa				City		Zip-Cede
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. Antiended UBRIG 6812.25 13. Antiended UBRIG 6812.25 14. Single Added to Fees Added				Jack	SOULATIFE	<u> </u>
9. This corporation is eligible to satisfy its intanglible Tax filling requirement and elects to do so. Make Check Payable to Determine the Company of th	8. The above	e named entity submits this statement fo	r the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.	
9. This corporation is eligible to satisfy its intanglible Tax filling requirement and elects to do so. Make Check Payable to Determine the Company of th	CICALATUM	,		,		
After May 1 Fee is \$55.00 to Canada for the contribution of the co	SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature require:	d when (einstating) DATE	
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	Tax filing i (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS- CITY-ST-ZIP TITLE NAME STREET ADDRESS- CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	officers and elects to do so. OFFICERS AND D, P, S, T Weiss, Howard B	After May 1 Amended Make Check Payable DIRECTORS	Fee is \$550.00 UBRIES \$61.25 I O Department of Sta UBLE. NAME STREET ADDRESS CITY ST ZIP LITE NAME STREET ADDRESS CITY ST ZIP TITE NAME STREET ADDRESS CITY ST ZIP	DO NOT WR	Added to Fees

indicated on this report or supplemental report of 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR