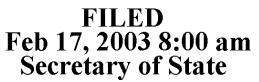
2003 FO	r profit corpora <sup>.</sup>	LION
UNIFORM	<b>BUSINESS REPORT</b>	(UBI
DOCUMENT #	P97000002156	
ROBERT J. SHAPIRO	PHD PA	



1. Entity Name ROBERT J. SHAPIRO, PH.D., P.A.					02-17-2003 90190 008 ***150.00	
Principal Place 1331 BEDFOR STE. 101 MELBOURNE US	rd drive	s	Mailing Address 1331 BEDFORD DRIVE STE. 101 MELBOURNE FL 32940 US			
2. Principal P	Place of Busin	ness	3. Mailing Address		T TERRIBOR TO EAST FRAN STATE BOTH BOTH BOTH BOTH BOTH BOTH AND A STATE BOTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. CHECK HERE IF MAKING CHANGES		
City & Stat	е	. <u>-</u> -	City & State		4. FEI Number 59-3419280 Applied Fo	
Zip		Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	$\Box$
		<del>-</del>	م <del>نيانيد</del> وحاصر الرادات	Name	ا دو خواه معاد داران طورو میود و انتهاد است. ا	
	, robert . Ford Driv			Street Addre	ess (P.O. Box Number is Not Acceptable)	$\exists$
STE. 101						
MELBOUR	RNE FL 329	40		City	FL Zip Code	-
SIGNATURE  F After	ILE NOW!!	or printed time of registered against 1! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State	OTE: Registered Agent signature req	9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fees	Be s
10.	_	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1331 BED	Robert J Ph.D. Ford Drive Ne FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ado	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	lition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	ertify that the	information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

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: