2002 UNIFORM BUSINESS REPORT (UBR)

P97000045539

DOCUMENT#

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

Jan 15, 2002 8:00 am Secretary of State 1. Entity Name 01-15-2002 90039 004 ***150.00 NICOLAS FAKHOURY, D.M.D., P.A. Mailing Address Principal Place of Business 1100 LINTON BLVD., STE C-5 1100 LINTON BLVD., STE C-5 DELRAY BEACH FL 33432 DELRAY BEACH FL 33432 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0756311 Not Applicable Country \$8.75 Additional Zio Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FAKHOURY, NICOLAS W Street Address (P.O. Box Number is Not Acceptable) 1100 LINTON BLVD., STE C-5 **DELRAY BEACH FL 33432** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition (9/O TITLE ☐ Delete TITLE NAME NAME FAKHOURY, NICOLAS W STREET ADDRESS 1100 LINTON BLVD., STE C-5 STREET ADDRESS **DELRAY BEACH FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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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 indicated on this report or supplemental eport 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 true empty feed 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 analysis of the empowered.

FILED