FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 15, 2002 8:00 am Secretary of State DOCUMENT # P97000068779 09-15-2002 90088 004 ***558.75 HAROLD M. FORREST, O.D., P.A. Principal Place of Business Mailing Address 11845 ROYAL PALM BLVD 11845 ROYAL PALM BLVD 980597 APT #9-102 APT #9-102 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 10022 NW 204 STREET 321 NO UNIVERSITY DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0772553 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent SIEGEL, RONALD L Street Address (P.O. Box Number is Not Acceptable) 1800 CORPORATE BLVD., N.W. SUITE 302 **BOCA RATON FL 33431** Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \Box Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE FORREST, HAROLD M NAME 11845 ROYAL PALM BLVD APT #9-102 STREET ADDRESS 10022 NW 20 STREET CORAL SPRINGS, FL 33071 CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME FORREST, HAROLD M NAME 19022 NW 20 STREET STREET ADDRESS -11845 ROYAL PALM BLVD APT #9-102 CORAL SPAINGS, FL 33071 CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-7IP TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

9/12/02

☐ Change

☐ Addition