

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90012 004 ***150.00

0297261

DOCUMENT # P97000105205

1. Entity Name
MICHAEL CARRIGAN, ACUPUNCTURE PHYSICIAN P.A.

| | |
|--|--|
| Principal Place of Business 20975 RUSTLEWOOD AVE BOCA RATON FL 33428 | Mailing Address 20975 RUSTLEWOOD AVE BOCA RATON FL 33428 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0836805 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRIGAN, MICHAEL
~~9 0E 5TH AVENUE~~
~~DELRAY BEACH FL 33483~~

| | | |
|--|-----------------------|----------------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | 20975 Rustlewood Ave. | |
| City | Boca Raton, FL | Zip Code 33428 |

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 Michael Carrigan MICHAEL CARRIGAN P.A. DATE 4-1-01
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | NAME | TITLE | NAME |
| | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| D | CARRIGAN, MICHAEL | | 20975 Rustlewood Ave |
| | 20925 RUSTLEWOOD AVE | | Boca Raton, FL 33428 |
| | BOCA RATON FL 33428 | | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: Michael Carrigan MICHAEL CARRIGAN DATE 4-1-01 DAYTIME PHONE # 561 482-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/00)