## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000107040 **DOCUMENT #**

1. Entity Name

BEVERLY BOAS, M.S., CCC, P.A.				
Principal Place of Business 3750 GUNN HIGHWAY STE. 1A TAMPA FL 33624	Mailing Address 3750 GUNN HIGHWAY STE. 1A TAMPA FL 33624			
2. Principal Place of Business	3. Mailing Address	·····		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>		
City & State	City & State	<del></del>		

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90013 031 \*\*\*150.00

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So Remain and Address of Current Registered Agent  To Name and Address of New Registered Agent  To Declar and To Decla	City & Sta	te	City & State		4.	FEI Number <b>59-3487189</b>	3953487 IB9		
GOLDSTEIN, BRUCE S 500 E. KENNEDY BOULEVARD SUITE 200 TAMPA FL 33602  6. The above named workly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am farmitar with, and accept the ophigations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SIRER ADDRESS OTH \$1.2P  THE NAME SIRER ADD	Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Ac	Iditional	
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SONE KENNEDY BOULEVARD SUTTE 200 TAMPA FL 33602  8. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both, in the State of Florida. I am familiar with, and accost the opinigators of right state of protest washing from the purpose of changing its registored office or registored agent, or both, in the State of Florida. I am familiar with, and accost the opinigators of right state of protest washing registored agent.  SIGNATURE    STEEL NOWILIF FEEL SS/150,00   Addition   SS,00 May Read   Systal to Florida Department of State	00.00		المساورين المحرجاتين وأنفور	Na	ne				
SUITE 200 TAMPA FL 33802  6. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the options agent		•		Str	eet Address (P.O.	Box Number is Not Acceptable)			
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S. 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 opigators of systemed agent.  SIGNATURE    Signature   Si	1								
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12 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 requirer 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 attachine it with an address, with all other like empowered.

SIGNATURE:

1/7/03 813.963.1915