2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 198000000 721 Apr 26, 2001 8:00 am Secretary of State 1. Entity Name DR. MARAH d. LEE, P.A. 04-26-2001 90117 022 ***150.00 Principal Place of Business YOU E COMMERCIAL BLUD vor, E. Commercial BLUD # 301 C0053028 FT LAUDER BAUG PL 33302 PT LAUDERDAVE PL 32308 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0898025 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LER MARAH DR Street Address (P.O. Box Number is Not Acceptable) vor, E. commaRcial BlVD IT LAUDIARDALE, FL 33508 Zip Code 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (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 TITLE Change Addition LEE MARAH. DR vor, E. Commince cial Bely D-301 NAME NAME STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 an other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

SIGNATURE AND TYPED OR