

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020586

1. Entity Name

OAK PARK, INC.

FILED

01 JAN 24 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3300 S FM 1788
MIDLAND TX 79706
US

555 SW 148TH AVE
SUNRISE FL 33325
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0816578

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCOY, MICHAEL DR
555 SW 148 AVE
SUNRISE FL 33325

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301

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.

BRIAN COURTNEY, ASST. V.P.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P ☐ Delete
NAME PIERCEY, MICHAEL C
STREET ADDRESS 555 SW 148TH AVE
CITY-ST-ZIP SUNRISE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME LLANO, MANUEL
STREET ADDRESS 555 SW 148TH AVE
CITY-ST-ZIP SUNRISE FL 33325

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael C. Piercey, M.D.

1/10/01

(954) 915-0474

Daytime Phone #

CR2E034 (10/00)