FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90084 010 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # + 9800037917 1. Entity Name Brent J Whitley MD 4A DO NOT WRITE IN THIS SP 2. Principal Place of Business 3. Mailing Address	ACE	20039391	
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Ft Lauderdale FL Ft Lauder		4. FEI clumber 090(e) 16 (e	Applied For Not Applicable
33312 Country 33312	5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent		
Name 10 mm 11 15 41-			
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE			
624 SW 12 Ave			
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. Larn tamiliar with, and accept			
the obligations of registered agent. 4/30/3			
SIGNATURE Senature, typed or printed marke of registered agent and tatle if explicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 P. After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing 🗻 🤌 Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	Inte	AND	
HAME Brent Whitley	NAME Street adoress	pa, orthographic specific comments of the comm	
CITY-ST-ZIP STORY OW 12 AVE 33318	CITY ST-ZIP		34 / 32 PS - 33
TITLE - NAME	TITLE NAME		
STREET ADDRESS ;	STREET ADDRESS CITY: ST: ZIP		
TITLE	TITLE NAME		
STREET ADDRESS CIFY-ST-ZIP	STREET ADDRESS. City. St., 789	DO NOT WRIT	É
TILE NAME	TITLE 9	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS City-St-Zip*		
THE	mie zwyk 3, 1		
NAME STREET ADDRESS	NAME Sireet address		
CITY - ST-ZIP	CITY-ST-ZIP		Andreas Control
NAME STREET ADDRESS	NAME: Street adoress	The state of the s	
CffY-ST-ZIP	CITY ST-78P		
12. Thereby 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 10 or on an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an			
attachment with an address, with all other like empowered.		, 1	1895427