

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

DOCUMENT # **P98000039760**



1. Entity Name
PRESTON L. WADDINGTON, PH.D., P.A.

Principal Place of Business
**2699 STERLING RD
STE B-304
FORT LAUDERDALE FL 33021**

Mailing Address
**4104 N. 48 TERRACE
HOLLYWOOD FL 33021**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

6. Name and Address of Current Registered Agent

**WADDINGTON, PRESTON L
2699 STIRLING ROAD
STE 304
FORT LAUDERDALE FL 33312**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0838208

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE **D** Delete
NAME **WADDINGTON, PRESTON L**
STREET ADDRESS **2699 STIRLING RD, STE 304**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE
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CITY-ST-ZIP

TITLE Delete
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03 (984) 962-3399
Date Daytime Phone #