5/1/00-90

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042445

FILED
00 JUL 12 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FRIEND WALK-IN CENTERS OF AMERICA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5130 LINTON BLVD SUITE C-2<br>DELRAY BEACH FL 33484 | 5130 LINTON BLVD SUITE C-2<br>DELRAY BEACH FL 33484-6595 |

DO NOT WRITE IN THIS SPACE

5/1/00 904340005 $150.00

| Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ~~APPLIED FOR~~ Applied For ☒ / Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ
PRESIDENTIAL CIRCLE
4000 HOLLYWOOD BLVD SUITE 350 NORTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 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, 2000 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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BLOOM, DAVID<br>5130 LINTON BLVD. STE C-2<br>DELRAY BEACH FL 33484 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 respect to the empowered.

SIGNATURE: [signature] 4-24-00 561-498-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E034 (9/98)