FILED Apr 27, 2000 8:00 am Secretary of State 04-27-2000 90054 027 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000049802**1. Entity Name

EAST SIDE PROFESSIONAL GROUP, INC.

Principal Place of Business

Mailing Address

929 PARKSIDE CIRCLE NORTH BOCA RATON FL 33486 929 PARKSIDE CIRCLE NORTH BOCA RATON FL 33486-5230

		3. Mailing Address				
2651 N. FEDERAL HWY. 2651 N. FEDER		ERAL HWY				
Suite, Apt.		Suite, Apt. #, etc. 5 - 200	•	DO NOT WRITE IN THIS SPACE		
			A CELALIZADA	Applied For		
City & State		City & State 1. LAUDERDALE; H.		4. FEI Number 65-0839525	Not Applicable	
^{zio} 3333	Ole Country	2ip .3330L	Country	5. Certificate of Status Desired \$8.75 Fee Rec	Additional quired	
000	6. Name and Address of Current Re			7. Name and Address of New Registered Agent		
			Name			
GOLD, TYLER A GOLD & EISENBERG, P.A. 2651 N FED HWY STE 200				Street Address (P.O. Box Number is Not Acceptable)		
			Street Address			
FT LAUDERDALE FL 33306						
			City	FL Zip	Code	
				As and a season in the Chate of Floring		
The above	named entity submits this statement for t	he purpose of changing its req	gistered office or regist	tered agent, or both, in the State of Florida.	1	
SIGNATURE .				ired when reinstating) DATE		
	Signature, typed or printed name of registered agent and	1 title if applicable. (NOTE: He	egistered Agent signature requi	ired when reinstating)		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE I			FEE IS \$150.00	10. Election Campaign Financing	5.00 May Be	
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee			Fee will be \$550.00		dded to Fees	
(See criter	ria on back)	Make Check Payable	to Department of S			
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11	
TITLE	PD	☐ Delete	TITLE P	>	inge 🔲 Addition	
NAME	PHILLIPS, TINA B	20/410	NAME P	HILLIPS, TINA B. MICHELLES N. FEDERAL HUY. 5-	700	
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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 of the receiver of truetee 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 fall other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. PHILLIPS

4-24-00

(954)566-600

;R2E034 (9/99