2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all of

SIGNATURE AND TYPED OR PRINCED NAME OF

SIGNATURE: _

FILED Mar 09, 2001 8:00 am Secretary of State DOCUMENT # P98000062486 STEPHEN KUSHNER, D.P.M., P.A. 03-09-2001 90013 021 ***150.00 Principal Place of Business Mailing Address 8720 N KENDALL DR 8720 N KENDALL DR STE 109 **STE 109 MIAMI FL 33176** MIAMI FL 33176 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0849939 City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Réquired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAURENCE, JODI B Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD SUITE 300 **BOCA RATON FL 33434** Zip Code FL 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE KUSHNER, STEPHEN D.P.M. NAME NAME STREET ADDRESS STREET ADDRESS 8720 N KENDALL DR #109 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the semp)ion 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 acceptate and the report is true and acceptate and the report 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

NG OFFICER OR DIRECTOR