FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072817-1. Entity Name RDS OF BOYNTON INC.

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90276 003 ***150.00

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		. M. W. Strain, M. Strain, Sprain										
DO NOT WRITE IN THIS SPACE							11013848					
2 Principal P	Place of Rusiness	3 Mailing Ado	Mailing Address									
2. Principal Place of Business 7431 W. ATLANTIC AVE			19431 W. ATLANTIC AVE-									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e O	City & State				4. FEI N			Appliec	For		
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3344	6 PAI m	BEACH	33446	33446 RAM			5. Certif	icate of Status Des	sired	\$8.75 Additional Fee Required		
				Name 🗸 1				7. Name and Address of Current Registered Agent				
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	COMPANY SOURCES HER WEST TO BE SET UP TO	法和证据的 "特",是"其他"的 "特别"的				(P.Q. Box.Number.is.Not Acceptable).						
	INIT	IIS SP	ACE		7779 [POUBLETON DRIVE				
					City C	1-21R1	NY B	anch	FL	Zip Code		
	named entity submits t		the purpose of c	hanging its regi	stered office o	r registere	ed agent, o	or both, in the State	e of Florida. I am	familiar with, and ac	cept	
the obligat	ions of registered agen	l.										
SIGNATURE .	Eignature, typed or printed name	r te of registered agent a	nd title if applicable.	(NOTE: Regi	istered Agent signa	ture required	when reinstatii	ng)	DATE		- 1	
	nuary 1 - May 1 Fee	is \$150.00		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						A= 00		
Karana Kabupatèn	After May 1, Fee is Amended UBR is	\$61.25					9	 Election Campai Trust Fund Contr 	~ ~ _	\$5.00 May □ . Added to Fed		
Make Check	Payable to Florida I	Department of OFFICERS AND D	Carried Anna Control of Control o	■.	9.00				ं रहे न			
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	sertify that the information	on outpolied with	this filing does of	at qualify for the	ment, springer, and account of the	tod in So	ction 110 (07(2)(i) Florida Sta	etias Zeijas, sija	tifu that the informa	tion	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF STENING OFFICER OR DIRECTOR

1 21 0'

561 499-13394 Daytime Phone #

(2E034B (12/02)