2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000078352 DOCUMENT #

1. Entity Name MPI/LINCOLN PARK DAVIE, INC.

SIGNATURE:



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90552 009 ***150.00

| 200002 |
|--------|
| Þ |

| | | | : | | | | | | |
|--|--|--------------------------|-------------------------|------------------------|------------------------------------|-------------------------|---|--------------------------|------------------------|
| Principal Place of Business 150 E PALMETTO PARK RD 4TH FLOOR BOCA RATON FL 33432 Mailing Address 150 E PALMETTO PARK RD 4TH FLOOR BOCA RATON FL 33432 | | | | | | | | | |
| | lace of Business | 3. Mailing Address | | | | | 10111 | | |
| | gress Park Drive | 200 Cona | ress to | rk C | rive | | | | |
| Suite Apt. Suite | #etc. 103 | Suite, Apt. #, etc.) |)な | | | ☐ CHE | ECK HERE IF MAKI | NG CHANGES | ; |
| City & Stat | | City & State | | | 4 | . FEI Number | 0862974 |] A | pplied For |
| Zelray | Beach, FL | Delray E | seach | FL | | | J002914 | | ot Applicable |
| Zip J 3344 | Country | Zip 1 32445 | Count | s A | 5. | . Certificate of Status | s Desired | \$8.75 Ad Fee Require | |
| -2547 | 6. Name and Address of Current F | legistered Agent | | | 7. | Name and Address | s of New Registere | | |
| | LED ATTICLUM | | 4 man → ~ **. | ~Name - | | | | | |
| | her, steven m Metto park rd | | | Street Ac | | Box Number is Not | | | |
| SUITE 401 | | | | 200 | $\frac{1}{2}$ | gress Har | K Drive | <u></u> | |
| - | TON FL 33432 | | | _ <u>Su</u> | <u>, te</u> | 104 | ····· | Zin Coo | |
| BOOK IS | | | | City | elmi | <u>i Beach</u> | F | L 333 | 445 |
| | named entity submits this statement for ions of registered agent. | the purpose of changir | ng its registere | ed office or | registered • | gent, or both, in the | State of Florida. I a | m familiar with, | and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent at | nd title if applicable. | (NOTE: Registered | Agent signatu | re required when | reinstatino) | DAT | | |
| | ILE NOW!!! FEE IS \$150.00 | | | | | T | | | |
| After | May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | State | | | | 1 | mpaign Financing Contribution. | | 00 May Be d to Fees |
| 10. | OFFICERS AND E | DIRECTORS | 11. | | , , , | ADDITIONS/CHANG | ES TO OFFICERS A | | IS IN 11 |
| TITLE | P MANDOR, ROBERT | Delete | ~- TITLE NAME | - 1 | | | | Change | Addition |
| NAME Street address City-St-Zip | 150 E. PALMETTO PK RD, STE 40 BOCA RATON FL 33432 | 0 | STREE | ET ADDRESS - St-Zip | 200 (| Congress | Park Dri | ve Sur | te 103 |
| TITLE | V | ☐ Delete | TITLE | | Delra | y min | CIPC - | Change | Addition |
| NAME | OTTO, JOSEPH | | NAME | : | 200 | Congress | Dork D | | - ' |
| STREET ADDRESS City-St-Zip | 150 E. PALMETTO PK RD, STE 40 BOCA RATON FL 33432 | 0 | | ET ADDRESS ST~ZIP | Dolor | congress | STUIN D | とたれなって | 019610 |
| TITLE | DOOK TOTAL GOVE | ☐ Delete | TITLE | | TELL | y bour | - , | L Change | Addition |
| NAME | · · · · · · · · · · · · · · · · · · · | | NAME | | | _ | | 44. | |
| STREET ADDRESS CITY-ST-ZIP | | سيبعر بمداه ١٠٠٠ | | ET ADDRESS* | عبد. حم | | | ece. | |
| | | | | -ST-ZIP | _ | | | Change | Addition |
| TITLE NAME | | Delete | TITLE | 1 | | | | ☐ Change | ☐ Addition (|
| STREET ADDRESS | | | | T ADDRESS | | | | | Į |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | ľ | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME | ET ADDRESS | | | | | } |
| CITY-ST-ZIP | | | | ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | . . | ☐ Change | Addition |
| NAME | | | NAME | | • • • | r | · • • | . — : • | |
| STREET ADDRESS | | | • | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY- | ST-ZIP | | | <u>.</u> | | |
| indicated | ertify that the information supplied with to this report or supplemental report is to provide or truston among the receiver of the receiver or truston among the receiver or truston among the receiver or truston among the receiver of the receiver of the receiver or truston among the receiver or truston among the receiver of the receiver or truston among the receiver of | rue and accurate and t | hat my signati | ure shall ha | ave the same | e legal effect as if ma | ade under oath: that | I am an officer | or director |
| changed, | poration or the receiver or trustee empoy or on an attachment with an address, w | th all other like empowe | port as requir ered. | ed by Chal | ρι ο ι ο υ7, ΕΙΟ | mua sialules; and m | at my name appear | PILL DIOCK TO O | L DIOCK TT II |