FILED

2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P98000081101 1. Entity Name FAITH BEERMAN, ARNP, RNFA, INC. | | | | | | | | Mar 21, 2001 8:00 am Secretary of State 03-21-2001 90053 011 ***150.00 | | | | | |
|--|---|---|--------------|--|---|---------------------------|--|--|-------------------------------------|-------------|-----------------------|-------------------------|--|
| Principal Place of Business 5522 N.W. 85TH AVE. CORAL SPRINGS FL 33067 | | | P.O. BO | Mailing Address P.O. BOX 9832 CORAL SPRINGS FL 33075 | | | | | | וטאי | | | |
| Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City { | City & State | | | 4 | . FEI Number | 65-0863936 | 6 | <u> </u> | plied For Applicable | |
| Zip | Zip Country | | Zip | | | try | | . Certificate of | | | 8.75 Addi | tional | |
| - - | 6. Name | and Address of Curren | t Registered | J Agent | | -Name | 7, | Name and Ac | ddress of New R | egistered A | jent | | |
| 5522 | RMAN, FAIT 2 N.W. 85TH IAL SPRING | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | City | | | | FL | Zip Code | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.) Signature | | | | | | IS \$150.0 will be \$5 | 00 50.00 of State | 10. Election | on Campaign Fin Fund Contributio | n. 🗆 | Added | May Be to Fees | |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | OFFICERS AND N, FAITH /. 85TH AVE. PRINGS FL 33067 | O DIRECTOR | □ Delete | | | | ADDITIONS/CH | HANGES TO OFF | | DIRECTORS ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | - Dolete | | 1 | | | | | Change_ | - Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | • | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | • | J | | | | | Change | Addition | |

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01 954-341-9777