2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087944 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name BOCA RATON MEDICAL RESEARCH, INC. 04-22-2000 90053 047 ***150.00 Principal Place of Business Mailing Address 7280 WEST PALMETTO PARK ROAD #203 NORTH-7280 WEST PALMETTO PARK ROAD #200 NORTH BOCA RATON FL 33433-3401 **BOCA RATON FL 33433** Mailing Address 2. Principal Place of Business 7284 W. Paluello Pt. Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0869746 12 or Lon Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. eter Hollane (NOTE: Registered Agent signature required when reinstating) 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, 2000 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) \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete HOLLAND, PETER DR. NAME NAME 7284 #202-South 7280 WEST PALMETTO PARK ROAD #203 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-78 **BOCA RATON FL 33433** CITY-ST-ZIP STD ☐ Addition ☐ Delete TITLE TITLE HOLLAND, DONNA DR. NAME NAME 7284 7280 WEST PALMETTO PARK ROAD #203 NORTH-STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE -3-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 thistee 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 wit

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR