

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90753 001 ****88.75
04-10-2002 90753 002 ****61.25

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| DOCUMENT # P990000000085 |
| 1. Entity Name LESLIE J. CROLAND, P.A. |

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| 2. Principal Place of Business 600 Corporate Drive Suite, Apt. #, etc. Suite 514 | | 3. Mailing Address 600 Corporate Drive Suite, Apt. #, etc. Suite 514 | |
| City & State Ft. Lauderdale FL | | City & State Ft. Lauderdale FL | |
| Zip 33334-3607 | Country USA | Zip 33334-3607 | Country USA |
| 4. FEI Number 65-0888763 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

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| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Leslie J. Croland | |
| | Street Address (P.O. Box Number is Not Acceptable) 600 Corporate Drive Suite 514 | |
| | City Ft. Lauderdale | FL Zip Code 33334-3607 |

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| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | March 20, 2002 <small>DATE</small> |

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | | |
| TITLE D | NAME Croland, Leslie J. | TITLE | NAME |
| STREET ADDRESS 600 Corporate Drive, Suite 514 | STREET ADDRESS | STREET ADDRESS | STREET ADDRESS |
| CITY - ST - ZIP Ft. Lauderdale, FL 33334-3607 | CITY - ST - ZIP | CITY - ST - ZIP | CITY - ST - ZIP |
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| 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 on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | March 20, 2002 954-491-8050 <small>Date Daytime Phone #</small> |

CR2E034B (12/01)