## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000011330

1. Entity Name

PROFESSIONAL CENTER, INC.

Principal Place of Business 560 N.W. 185TH STREET ROAD Mailing Address

560 N.W. 165TH STREET ROAD

**FILED** Jun 27, 2000 8:00 am Secretary of State 05-04-2000 90087 012 \*\*\*150.00

2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City	SUITE 300 NORTH MIAMI F	PL 33169	Suite 300 North Miami FL 331694	5302		New Control of the Co				
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Signature   Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
S. Certificate of Selects Desirable   Selection   Sele	City & State	<del>)</del>	City & State			4. FEI Number 59-6079881 Applied For Not Applicable				
COHEN, LEWIS R 1399 S.W. TST AVENUE THIRD FLOOR MIAM! FL 33130  R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, inghe State of Florida.  SIGNATURE  8. This corporation is eligible to satisfy its intangible Tax High requirement and elects to do so office of the purpose of changing its registered agent, or both, inghe State of Florida.  9. This corporation is eligible to satisfy its intangible Tax High requirement and elects to do so office of the Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DEID  PRAYND, PAUL  STREET ADDRESS  CITY-ST-2P  Delde  TITLE  Delde  DELD	Zip	Country	Zip	Country						
COHEN, LEWIS R 1399 S.W. 1ST AVENUE THIRD FLOOR MAMI FL 33130  City FL Zip Code  Cit		6. Name and Address of Current	Registered Agent			7. Name and Add	reas of New Reg	istered Ag	ant	
TISSP S.W. TST AVENUE THIRD FLOOR MIAMI FL 33130  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, inghe Siste of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and take if approache (Apent Signature Inspected Agent Signature Inspe					Name	_ <del>_</del>	•			
THIRD FLOOR MIAMI FL 33130  City FL Zip Code  Ci			_ <del>:-:-::-</del>	<del></del> -	Street Address (	P.O. Box Number is N	lot Acceptable)	<del></del>		<del></del>
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Sixte of Florida.  SIGNATURE  Signature, typed or printed name of explained agent and but if explicable in the purpose of changing its registered agent, or both, in the Sixte of Florida.  SIGNATURE  Signature, typed or printed name of explained agent and but if explicable in the purpose of changing its registered agent, or both, in the Sixte of Florida.  Signature, typed or printed name of explained agent and but if explicable in the purpose of changing its registered agent, or both, in the Sixte of Florida.  Signature, typed or printed name of explained agent and but if explicable in the purpose of changing its registered agent, or both, in the Sixte of Florida.  Signature, typed or printed name of explained agent and but if explicable in the purpose of changing its registered agent, or both, in the Sixte of Florida.  Signature is eligible to satisty its intangible flat its purpose of the purpose	THIR	D FLOOR								
SIGNATURE  Signature, typed or printed name of registered agent and bits of applicable  P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  TILE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  CITY-ST-2P  TITLE  MAKE  STREET ADDRESS  STREET ADD	INTERNA	M FL 33130			City	•		FL	Zip Code	•
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CITY-ST-ZIP  CITY-ST-ZIP  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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) and the section 119.07(3)(ii) are section 119.07(3)(ii) and the section 119.07(3)(iii) are section 119.07(3)(iiii) are section 119.07(3)(iiii) are section 119.07(3)(iiiii) are section 119.07(3)(iiiiii) are section 119.07(3)(iiiiiiii) are section 119.07(3)(iiiiiiiiiii) are section 119.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							11 5			oformation.

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 any address, with all other like empowered.

SIGNATURE: