FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

DOCUMENT # p99000024084 1. Entity Name					04-17-2002 90161 003 ***150.00	
THE MICHAEL BRANCH CLINIC PA						
	DO N	OT WRITE	in this si	PACE		
2. Principal F 140 Suite, Apt. 100	3 MEDI	ess [CAL PLAZA D	3. Mailing Address R 1403 MED Suite, Apt. #, etc. 100	CAL PLAZA D	R DO NOT WRITE IN THIS SE	PACE
	FORD,	FL	City & State SANFORD,	FL	4. FEI Number 59-3563247	Applied For
^{Zip} 32		CountryUSA	Zip 32771	CountryUSA	5. Certificate of Status Desired	Not Applicable 8.75 Additional
					7. Name and Address of Current Registered A	ee Required Agent
Name					DICKS ESQ	
DO NOT WRITE				Street Address ((P.O. Box Number is Not Accentable) CROWN OAK CENTRE DR.	
		y this sp	ACETHUR			
				City LON	GWOOD, FL	Zip Code 32750
8. The above	named entity	y submits this statement for	the purpose of changing its		ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	:: Registered Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)						
Tax filing i	requirement a	and elects to do so.	After May Amended	ay 1. Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 le to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing i (See criter	requirement a ria on back)	ond elects to do so. OFFICERS AND D	After May Amended Make Check Payab	1, Fee is \$550.00 I UBR is \$61.25- le to Department of Stat	Trust Fund Contribution.	
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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: Michael BNANH 4/2/02 4073021239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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