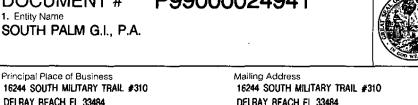
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000024941 DOCUMENT



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90097 006 ***150.00

CCOCUUV

DECIMIT CEN			occurry voice													
2. Principal Place of Business			3. Mai	3. Mailing Address						IARRI DENIK KI	HAR (1 111) (11					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & State				& State		4	4. FEI Number 65-0901479					Applied For Not Applicable				
Zip ş.	`	Country	Zip	Zip		Country		. Certifica	ite of Status	Desired			3.75 Add e Required		1	
٤,		and Address of Current	Registere	jistered Agent			7.	. Name a	nd Address	of New F	Registere	d Age	ent]	
BLUM, MI		Name-		-					سه د <u> </u>]-					
-	WILITARY TI	241					Street Address (P.O. Box Number is Not Acceptable)									
STE 310	MILLIARTI II	WIL											,,.		1	
DELRAY B	BEACH FL (3484				City					F	L	Zip Code	•	1	
the obligati	ions of regist	v submits this statement for ered agent.	or the purp	ose of changing its	registere	ed office or	registered a	agent, or b	ooth, in the S	State of Fk	orida. La	m fam	iliar with,	and accept	1	
SIGNATURE -	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	Registere	d Agent signati	re required when	n reinstating)		·	DATE				}	
F After Make Check						Election Car Trust Fund C	, •	_			May Be to Fees					
10.		OFFICERS AND	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME BLUM, MICHAEL L M.D. 16244 SOUTH MILITARY TRAIL #310												Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		—	94"	· 		^	·		Change	Addition].	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							<u> </u>		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-2IP				☐ Delete			,] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			-						Change	Addition	1	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REYJUMICHAEL RLUM