FILED

Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State P99000025787 **DOCUMENT #** 1. Entity Name 01-31-2002 90084 007 ***150 00 BREGMAN & BREGMAN, M.D., P.A. Mailing Address Principal Place of Business 2828 S. SEACREST BLVD..STE.101 2828 S. SEACREST BLVD. STE.101 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0905206 Not Applicable \$8.75 Additional Country Zip Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BREGMAN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2828 S. SEACREST BLVD., STE. 101 **BOYNTON BEACH FL 33435** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BREGMAN, RICHARD NAME NAME 2828 S. SEACREST BLVD., STE. 101 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CHY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BREGMAN, ROBERT NAME NAME 2828 S. SEACREST BLVD., STE. 101 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 eath; 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