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

DOCUMENT #

P99000077395

1. Entity Name

DAVID KAHAN, P.A.

Principal Place of Business Mailing Address



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90782 001 ***150.00

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Country Zip Country	Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Second S	City & Stat	е		City 8	City & State				! 65-14/1/2/1 					
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent							7.	Name and A	Address of Nev	v Registere	d Agent		
SIGNATURE Signature, typod or printed rained or high submits statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed rained registered agent and the it applicable. NOTE Registered Agent agreement express when relateding) ONTE FILE NOW!!! FEE IS \$150,000 After May 1, 2003 Fee will be \$550,000 After May 1, 2003 Fee			- ***				Name							
ET. LAUDERDALE FL 33308 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, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered eyent, or both, in the State of Florida. (am familiar with, and accept the familiar			WY:, SUITE 101		The state of the s			Street Address (P.O. Box Number is Not Acceptable)						
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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 attach eent with an address, with all other like empowered.

SIGNATURE:

4/10/03

954-568-1520

Daytime Phone #