2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 AM
Secretary of State

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Entity Name: DAVID RITTER, M.D., P.A.

Current Principal Place of Business:

6234 N.W. 23RD TERRACE
BOCA RATON, FL 33496

New Principal Place of Business:

21644 STATE RD 7
BOCA RATON, FL 334281899 US

Current Mailing Address:

6234 N.W. 23RD TERRACE
BOCA RATON, FL 33496

New Mailing Address:

6234 NW 23RD TERRACE
BOCA RATON, FL 334963615 US

FEI Number: 65-0944990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RITTER, DAVID M.D.
6234 N.W. 23RD TERRACE
BOCA RATON, FL 33496

Name and Address of New Registered Agent:

RITTER, DAVID P M.D.
6234 NW 23RD TERRACE
BOCA RATON, FL 334963615 US

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: DAVID P. RITTER, M.D. 03/18/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RITTER, DAVID M.D.
Address: 6234 N.W. 23RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RITTER, DAVID P M.D.
Address: 6234 NW 23RD TERRACE
City-St-Zip: BOCA RATON, FL 334963615 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. RITTER, M.D. PD 03/18/2002
Electronic Signature of Signing Officer or Director Date