FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90008 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080128

1. Entity Name

DR. JUDD A. FUHR, D.C., P.A.

(LA)

Principal Place of Business | Mailing Address

C0071282 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9960 Central Park Blvd. S.	2853 NW 27th Ave
Suite, Apt #, etc.: Suite 301	Suite, Apt #, etc.:
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33428 — Country: USA	Zip: 33434 — Country: USA

4. FEI Number: 65-0950581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jeff Greenberg
1761 W. Hillsboro Blvd.
Suite 201
Deerfield Beach FL 33442

7. Name and Address of New Registered Agent

Name: ~~Law Office of Jeffrey L. Greenberg, P.A.~~

Street Address (PO Box Number is Not Acceptable): 4800 North Federal Highway

Suite 304-D - Sanctuary Centre

City: Boca Raton FL Zip Code: 33431

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 [signature] 4/27/01

Signature [illegible] (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) ☐

FILE NOW!!! FEE IS $150.00 — After MAY 1, 2000 Fee Will Be $550.00 — Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUHR, JUDD A	NAME	
STREET ADDRESS	2853 NW 27th Ave	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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

SIGNATURE: [signature] JUDD FUHR 3/15/01 561-487-8210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #