FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90071 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10091440

DOCUMENT # P99000098137

1. Entity Name
ARON M. MANDL, P.A.

Principal Place of Business	Mailing Address
~~3407 NW 9TH AVE~~	~~3407 NW 9TH AVE~~
~~STE 250~~	~~STE 250~~
~~FORT LAUDERDALE~~ FL 33309 US	~~FORT LAUDERDALE, FL 33309~~ US

2. Principal Place of Business	3. Mailing Address
8211 WEST BROWARD BLVD.	same
Suite, Apt. #, etc.: SUITE #410	Suite, Apt. #, etc.
City & State: PLANTATION, FL	City & State
Zip: 33324 Country: USA	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0962859 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANDL, ARON M
~~3407 NW 9TH AVE~~
~~FORT LAUDERDALE, FL 33309~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
8211 WEST BROWARD BLVD. - SUITE 410

City PLANTATION FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Aron M. Mandl (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE Apr. 1, 2003

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AP	☐ Delete	TITLE	AP ☑ Change ☐ Addition
NAME	MANDL, ARON		NAME	MANDL, ARON
STREET ADDRESS	~~3407 NW 9TH AVE STE 250~~		STREET ADDRESS	8211 WEST BROWARD BLVD. - SUITE 410
CITY-ST-ZIP	~~FORT LAUDERDALE, FL 33309~~		CITY-ST-ZIP	PLANTATION, FL 33324
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	
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	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Aron M. Mandl ARON M. MANDL (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Apr. 1, 2003 (Date) (954) 577-8100 (Daytime Phone #)