2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S05342

Entity Name: ANDREA SCHULMAN, D.P.M., P.A.

FILED Jan 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6999 CHARLESTON CT P O BOX 8303

MARGATE, FL 33063 US CORAL SPRINGS, FL 33075 US

Current Mailing Address: New Mailing Address:

PO BOX 8303

CORAL SPGS, FL 33075 US

FEI Number: 65-0225829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHULMAN, ANDREA
6999 CHARLESTON DR
MARGATE, FL 33063

SCHULMAN, ANDREA
9097 NW 53 MANOR
CORAL SPRINGS, FL 33067

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: 01/29/2002

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: SCHULMAN, ANDREA, Name: SCHULMAN, ANDREA, Address: 6999 CHARLESTON DR Address: P O BOX 8303

City-St-Zip: MARGATE, FL 33063 City-St-Zip: CORAL SPRINGS, FL 33075

Title: ST () Delete Title: ST (X) Change () Addition

Name: SCHULMAN, ANDREA, Name: SCHULMAN, ANDREA, Address: 6999 CHARLESTON DR Address: P O BOX 8303

City-St-Zip: MARGATE, FL 33063 City-St-Zip: CORAL SPRINGS, FL 33075

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: ANDREA SCHULMAN PD 01/29/2002