FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90116 018 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S09898**

1. Entity Name
HADDOCK PROFESSIONAL ASSOCIATION

10074483

Principal Place of Business	Mailing Address
3260 UNIVERSITY BLVD. 210 WINTER PARK, FL 32792 US	3260 UNIVERSITY BLVD. 210 WINTER PARK, FL 32793-5148 US

2. Principal Place of Business		3. Mailing Address	
3300 University Blvd.		3300 University Blvd.	
Suite, Apt. #, etc. Suite 218		Suite, Apt. #, etc. Suite 218	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32792	Country USA	Zip 32792	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3033564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HADDOCK, EDWARD E., JR.
~~3260 UNIVERSITY BLVD., #210~~
~~WINTER PARK, FL 32792~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3300 University Blvd.
Suite 218
City Winter Park FL Zip Code 32792

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 [signature] 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HADDOCK, EDWARD E., JR. ~~3260 UNIVERSITY BLVD., #210~~ ~~WINTER PARK, FL~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3300 University Blvd. Suite 218 Winter Park, FL 32792	☒ Change ☐ Addition
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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: [signature] 4/10/03 407-679-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #