2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2400 N. UNIV DR.

S13504 DOCUMENT

1. Entity Name

2400 N. UNIV DR.

Principal Place of Business

YVES S. EVEILLARD, M.D., P.A.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90640 011 ***150.00



PEMBROKE PINES FL 33024 US			US										
2. Principal Place of Business			3. Mailing Address					[[841:418 is] (688 its) Sent sein des si	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FI	El-Number 65-0226495			olied For Applicable	ļ	
Zip Country			Zip		Country		5. C	Certificate of Status Desired S8.75 Addition Fee Required					
	C Nome	and Address of Current	Registere	ed Agent		7. N	7. Name and Address of New Registered Agent						
	6. Name	and Address of Current	riegistere			Name							
SINGER, BERNARD A. 4700 SHERIDAN STREET						Street Address	ox Number is Not Acceptable)	<u> </u>	<u>.</u>		,		
	IDAN STR	EEI_ ,	. <u>.</u>	. ಜನವಾಜಕರ್ವಾಧ ೧೯	±2. * • •				-				
SUITE B	DD EL 000	04			- 0:			 T	Zip Code		1		
HOLLYWOOD FL 33021					City			FL		-			
8. The above of the obligation	named entit ons of regist	y submits this statement fo ered agent.	or the purp	oose of changing its	register	ed office or regis	tered age	ent, or both, in the State of Florida. I	am fami	iliar with, a	ind accept		
SIGNATURE _	Signature, lyped	or printed name of registered agent	and title if app	plicable. (NOTI	E: Registere	ed Agent signature requ	ired when rei	instating) D.	ATE				
F!LE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S				State				9. Election Campaign Financing Trust Fund Contribution.	9 🗆		May Be to Fees		
		OFFICERS AND	_	DRS	11.		ĀD	DITIONS/CHANGES TO OFFICERS	AND DI	RECTORS		ءِ ا	
NAME STREET ADDRESS	PD Delete EVEILLARD, YVES S. 2030 NW 109TH AVENUE PEMBROKE PINES FL					I] Change	Addition	F034 (10/02	
TITLE NAME STREET ADDRESS	ST Delete EVEILLARD, YVES S. 2030 NW 109TH AVENUE PEMBROKE PINES FL					ı] Change	Addition) a	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LENDIO	E TINES I E		☐ Delete] Change	Addition		
TITLE NAME STREET ADDRESS	-			Delete	STI	LE ME REET ADDRESS TY-ST-ZIP	<u></u> -		-	Change	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	NA STI	LE ME REET ADORESS			Ε	Change	☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TIT NA ST CI	IY-ST-ZIP TLE ME REET ADDRESS IY-ST-ZIP				_ Change	Addition	-	
12 Lhereby r	certify that the	ne information supplied wi	th this filin	ig does not qualify for	or the ex	remption stated in	n Section	119.07(3)(i), Florida Statutes. I furth	ner certify	y that the i	nformation or director		

indicated on this report or supplied win this illing 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 suppliemental 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 lightness and that my name appears in Block 10 or Block 11 if the properties of the corporation of 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 the properties of the corporation of 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 the properties of the corporation of 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 the properties of the corporation of 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 the properties of the corporation of the receiver or trustees of the properties of the properties

SIGNATURE: