FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90310 014 ***150.00

DOCUMENT # S18764

1. Entity Name: Thomas J. Ali, P.A.

DO NOT WRITE IN THIS SPACE

50043887

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6650 West Indiantown Road	6650 West Indiantown Road
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Jupiter, Florida	City & State: Jupiter, Florida
Zip: 33458 Country: U.S.	Zip: 33458 Country: U.S.

4. FEI Number: 65-0234157 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas J. Ali

Street Address (P.O. Box Number is Not Acceptable): 6650 West Indiantown Road, Suite 200

City: Jupiter, FL Zip Code: 33458

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President - S, D, T
NAME	Thomas J. Ali
STREET ADDRESS	6650 West Indiantown Road, Suite 200
CITY-ST-ZIP	Jupiter, Florida 33458

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J Ali, President 4-15-05 561-748-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #