FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2001 8:00 am Secretary of State DOCUMENT # S42944 1. Entity Name 07-24-2001 90010 019 ***150.00 MARIA C. MURRAY DDS PA Principal Place of Business Mailing Address 2910 N STATE RD 7 11500 NE 6TH ST LUUUUUAUA LAUDERDALE LAKES FL 33313 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0256797 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, MARIA C. Street Address (P.O. Box Number is Not Acceptable) 11500 NW 6TH ST **PLANTATION FL 33313** City Zip Code 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE **DPS** ☐ Delete TITLE Change Addition MURRAY, MARIA C. NAME 11500 NW 6TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-ZIP ☐ Delete Change ☐ Addition MURRAY, MARIA C. NAME STREET ADDRESS STREET ADDRESS 11500 NW 6TH ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

7/17/01 /954-731-7030
Daytime Phone #