

DOCUMENT # S54865					
1. Entity Name TAMARA L. GMITTER, M.D., P.A.					
Principal Place of Business 1604 TOWN CENTER BLVD. SUITE D WESTON FL 33326 US			Mailing Address 1976 N.W. 29TH RD. BOCA RATON FL 33431 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
GMITTER, TAMARA L. 1604 TOWN CENTER BLVD. SUITE D WESTON FL 33326					Name --
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or register					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GMITTER, TAMARA L. <input type="checkbox"/> Delete 1976 NW 29TH RD BOCA RATON FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.2(1)(b) of the Florida Statutes, Chapter 601, Part II, which provides that the information shall have the effect of a public record if it is not exempted from public release by the provisions of Chapter 601, Part II, Florida Statutes, as amended, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE REQUIRED 7/05/00 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

SIGNATURE: *[Signature]* **REQUIRED** 1/05/10 LSle1) 3led-0510
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)