2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # \$55851** 1. Entity Name CYNTHIA SPELLMAN, M.D., P.A. 04-27-2001 90271 046 ***150.00 Mailing Address Principal Place of Business 4210 SOUTH UNIVERSITY DRIVE 4210 SOUTH UNIVERSITY DRIVE SUITE 3 SHITE 3 DAVIE FL 33328 DAVIE FL 33328 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0273240 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPELLMAN, CYNTHIA M.D. Street Address (P.O. Box Number is Not Acceptable) **4210 SOUTH UNIVERSITY DRIVE** SUITE 3 DAVIE FL 33328 Zip Code City 8. The above named entity submits this statement for the purpose of changing in registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change **PSTD** ☐ Delete TITLE TITLE SPELLMAN, CYNTHIA M.D. NAME NAME R STREET ADDRESS STREET ADDRESS 4210 S. UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 ampowered.

SIGNATURE:

CHNITHIA SELLUMAN PST

4-66-07

(954) 473-0378

Daytime Phone #