## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** S60287



FILED
Mar 17, 2003 8:00 am
Secretary of State

Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additions   \$9.75 Additions   \$9.	14100 FIVAY RD SUITE 300			WE IF	·			
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City & State  A. FEI Number 59-3076538  Applied  Sat. 75 Additional  Fee Required  Fee	2. Principal Pla	lace of Business	3. Mailing Address					
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Second   S	City & State		City & State		1 5953076538		pplied For	
DESANTIS, MARSHALL M.D. 14100 FIVAY RD SUITE 300 HUDSON FL 34677  6. 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 a the obligations of registered agent.  SIRET ADDRESS TREE ADDRESS CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MAME SIRET ADDRESS CITY-ST-ZIP CITY-	Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Ac	fditional	
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SUITE 300 HUDSON FL 34677  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a state of the obligations of registered agent.  9GNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  12. Change A  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  14. TO FIVE TO THE T				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a state of registered agent.  StGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)   DATE	SUITE 300					<u>,</u>		
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 directive shall be 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 directive shall be in Section 119.07(3)(i).	TITLE NAME STREET ADDRESS			STREET ADDRESS			Į.	

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 the corporation or an attachment with an address, with all other like empowered.

**SIGNATURE:**