2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2003
Secretary of State

DOCUMENT# S78486

Entity Name: LYNDA COLAIZZI, D.M.D., P.A.

Current Principal Place of Business:

6730 S.W. 141 STREET
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

6730 S.W. 141 STREET
MIAMI, FL 33158 US

New Mailing Address:

FEI Number: 65-0282879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, MYRON
80 SW 8TH ST #1920
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLAIZZI, LYNDA,
Address: 1609 S. BAYSHORE DR.
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: COLAIZZI, LYNDA,
Address: 6730 SW 141 STREEET
City-St-Zip: MIAMI, FL 33158 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNDA COLAIZZI DR 04/06/2003

Electronic Signature of Signing Officer or Director Date