FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State V45003 DOCUMENT # 1. Entity Name RICHARD B. LEHMAN, D.C., P.A. 04-29-2002 90122 043 ***150.00 Mailing Address Principal Place of Business 9325 NE 6TH AVE 9801 NE 2ND AVE. SUITE D MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 3. Mailing Address 2. Principal Place of Business 980<u>/</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0357273 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent - . . 6. Name and Address of Current Registered Agent Name LEHMAN, RICHARD B. 9325 NE 6TH AVE SUITE D MIAMI SHORES FL 33138 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LEHMAN, RICHARD B NAME STREET ADDRESS 10295 COLLINS AVE., #615 STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL 33154 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - ☐ Addition ☐ Change - 🗐 Delete 🛶 -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 Addition Change TITLE

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 traste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter or on an attachment within a following same all other like appropried. changed, or on an attachme

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete