2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V67449 **DOCUMENT #**

1. Entity Name

SIGNATURE:

COMPUTER MEDIC CENTER OF NORTH PALM BEACH, INC.



FILED Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90451 003 ***150.00

| Principal Place 600 NORTHLA | | | Mailing Address 600 NORTHLAKE BLVD. | | | | | | | | |
|--|--|--|-------------------------------------|-----------------------|------------------------|--|---|----------------|---------------------------|-----------------------------------|--|
| B | | | В | | | | | | | | |
| N. PALM BCH. FL 33408 US | | | N. PALM BCH. FL 33408 US | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | E TRUST MITHUR MENTE INNEL OTRIC MENTER ENSI | #1811 B1811 B1 | 011 01 011 01 | Y 0 41 01041 1 00 4 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4, | 654411433 | | | oplied For ot Applicable | |
| Zip | Zip Country | | Zip Cour | | itry | 5. | | | 75 Add Required | 5 Additional equired | |
| | . 6. Name | and Address of Current | Registered Agent | stered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| Bukowski, Elena S. | | | | | Name Street Addres | et Address (P.O. Box Number is Not Acceptable) | | | | | |
| 15838 767 | th RD Nort | TH | | | | | | | | | |
| LOAHATC | HEE FL 334 | 70 | | City | | | | | Zip Code | | |
| | | : | | | City | | | FL | ZIP COOK | 3 | |
| 8. 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | Signature, typed o | or printed name of registered agent | and title if applicable. (NOTE | : Registere | d Agent signature requ | ired when re | einstating) | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | Election Campaign Financia Trust Fund Contribution. | ng 🗆 | | May Be I to Fees | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ΑC | DITIONS/CHANGES TO OFFICER | S AND DIR | ECTORS | 5 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUKOWSK 15838 76TI LOXAHATO | | ☐ Delete | | | | | | Change | ☐ Addition (| |
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| indicated of the cor | on this report | or supplemental eport is receiver or trustee empo | true and accurate and that m | y signat is requir | ure shall have th | ne same l | 119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; da Statutes; and that my name app | that I am ar | n officer (| or diractor | |