

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90417 025 ***150.00

DOCUMENT # **486073**

1. Entity Name

MARSHALL J. BRUMER, M.D., P.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3001 N.W. 49th Avenue

Suite, Apt. #, etc.
Suite 307

City & State

Lauderdale Lakes, FL

Zip
33313

Country
U.S.A.

3. Mailing Address

3001 N.W. 49th Avenue

Suite, Apt. #, etc.
Suite 307

City & State

Lauderdale Lakes, FL

Zip
33313

Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1621124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marshall J. Brumer, M.D.

Street Address (P.O. Box Number is Not Acceptable)

3001 N.W. 49th Avenue

Suite 307

City

Lauderdale Lakes

FL

Zip Code

33313

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.

SIGNATURE

Marshall J. Brumer MD Pres

MAY 01, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Marshall J. Brumer, M.D.
3001 N.W. 49 Ave., Laud Lakes FL
33313

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2002 (954) 484-8990

Date

Daytime Phone #

CR2E034B (12/01)