

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90024 004 ***550.00

DOCUMENT # 588234
 1. Entity Name
NEIL H. EDISON, M.D., P.A. ✓

Principal Place of Business Mailing Address
2785 N.E. 183RD ST., STE. 500 **2785 N.E. 183RD ST., STE. 500**
AVENTURA FL 33160 **AVENTURA FL 33160**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3107 STIRLING **3107 STIRLING Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
-103 **103**

City & State City & State
FORT LAUDERDALE FL **FT. LAUDERDALE FL**
 Zip County Zip County
33312 **BROWARD** **33312** **BROWARD**

4. FEI Number Applied For
59-1871697 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
EDISON, NEIL H. M.D.
2785 NE 183 STREET
AVENTURA FL 33160
NEIL H. EDISON, M.D.
3107 STIRLING RD SUITE 103
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
 Name **NEIL H. EDISON, M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
3107 STIRLING Rd. Ste. 103
 City **FT. LAUDERDALE FL** Zip **33312**

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 *Neil H. Edison* **NEIL H. EDISON, M.D.** DATE **9-4-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 PVT	<input checked="" type="checkbox"/> Delete EDISON, NEIL H. M.D. P.A. 2785 NE 183RD ST., #500 AVENTURA FL <i>Address</i>
TITLE SD	<input checked="" type="checkbox"/> Delete EDISON, NEIL H. M.D. P.A. 2785 NE 183RD ST., #500 AVENTURA FL <i>Address</i>
TITLE D	<input checked="" type="checkbox"/> Delete EDISON, MARGO JILL 2785 NE 183RD ST., #500 AVENTURA FL <i>Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NEIL H. EDISON, M.D. P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 STIRLING RD SUITE 103 FT. LAUDERDALE, FL 33312 <i>Address</i>
TITLE NEIL H. EDISON, M.D. P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 STIRLING RD SUITE 103 FT. LAUDERDALE, FL 33312 <i>Address</i>
TITLE NEIL H. EDISON, M.D. P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 STIRLING RD SUITE 103 FT. LAUDERDALE, FL 33312 <i>Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Neil H. Edison* **NEIL H. EDISON, M.D.** DATE **9-4-01** DAYTIME PHONE # **954 986 1179**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (5/01)