

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90022 034 ***150.00

DOCUMENT # 698240

1. Entity Name
REED AND TURPIN, M.D., P.A.

Principal Place of Business 8353 SW 124TH ST #103 C/O BARRY A. REED MIAMI FL 33156	Mailing Address 8353 SW 124TH ST #103 C/O BARRY A. REED MIAMI FL 33156-5847
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2117363** Applied For Not Applicable

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

<p>6. Name and Address of Current Registered Agent</p> <p>REED, BARRY A 8353 SW 124TH ST #103 MIAMI FL 33156</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City FL Zip Code _____</p>
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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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>TITLE <input type="checkbox"/> Delete</p> <p>PSD</p> <p>NAME REED, BARRY A</p> <p>STREET ADDRESS 8353 S W 124TH ST #103</p> <p>CITY-ST-ZIP MIAMI, FL 00000</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>

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: Barry A. Reed, M.D. Date: 2/2/2000 Daytime Phone #: 305-255-1071

CR2E034 (9/99)