

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38423
 1. Entity Name
HAROLD SAWELSON, M.D., P.A.

FILED

01 FEB -6 AM 11:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 C/O SAWELSON, HAROLD I. M.D.
 1450 SOUTH MIAMI AVENUE
 MIAMI FL 33130 C/O SAWELSON, HAROLD I. M.D.
 1450 SOUTH MIAMI AVENUE
 MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 % Howard London, M.D.
 Suite, Apt. #, etc.
 1450 S. Miami Ave % Howard London, M.D.
 Suite, Apt. #, etc.
 1450 S. Miami Avenue
 City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33130 USA 33130 USA

4. FEI Number **59-2114514** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SAWELSON, HAROLD I.
1450 SOUTH MIAMI AVE.
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name **Ziskind & Arvin, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
744 Brickell Avenue, Suite 400
 City **Miami** FL Zip Code **33131**

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 *[Signature]* **Vice President** DATE **2/1/01**
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 \$150.00
After MAY 1, 2001 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SAWELSON, HAROLD I. 1450 SOUTH MIAMI AVE. MIAMI FLORIDA <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD Howard London, M.D. 1450 South Miami Avenue Miami, FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 another like empowered.

SIGNATURE: *[Signature]* Date **2/1/01** Daytime Phone # **305 374-2323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)