2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96741**

1. Entity Name

MICHAEL H. WILENSKY, M.D., P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90689 031 ***150.00

						No.	/					
Principal Place 1380 NE MIAF #225 N MIAMI BCH US	MI GARDENS I FL 33179	DR.	1380 #225	Mailing Address 1380 NE MIAMI GARDENS DR. #225 N MIAMI BCH FL 33179 US				70008420				
2. Principal F	Place of Busin	ness	3. Mailing Address					H TRULING HAID COINS OFFICE COURT SAINT		FA BABAL DINIT:	AEBLO BIBAI CBBI	
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State			4. F	59-2206681	Number 59-2206681 Applied For Not Applicable				
Zip Country			Zip	Zip Cou		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. 1	lame and Address of New Reg	Istered A	gent		
					Name							
	Y, MICHAEL Miami gadi	. H Dens dr., #225			Street Address (P.O. Box Number is Not Acceptable)							
SUITE 104		DENO DI, #223										
NORTH MIAMI BEACH FL 33179					0				·1 · ·-			
NOTHIN DENOTITE GOTTO						City			FL	Zip Cod	de	
8. The above the obligat	e named entit tions of regist	y submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or regi	stered age	ent, or both, in the State of Floric	da. I am fa	ımiliar with	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOT:	E: Registere	id Agent signature req	uired when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10. OFFICERS AND DIRECTORS					11.	•	AD	DITIONS/CHANGES TO OFFICE	ERS AND	DIBECTOR	IC IN 11	
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•z. i nereby c	ertify that the	information supplied wi	in this filing	does not qualify for	the exer	mption stated in	Section 1	19.07(3)(i), Florida Statutes. I fu	rther certif	y that the i	nformation	

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND VPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

usleng 1/10/1

Daytime Phone #