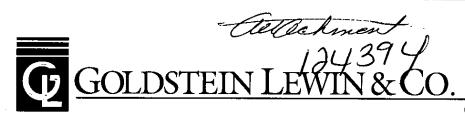
FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 26, 2002 8:00 am Secretary of State **DOCUMENT#** M12929 1. Entity Name 08-26-2002 90063 007 ***150.00 ACKERMAN & PLISKOW, M.D., P.A. Principal Place of Business Mailing Address 124394 603 VILLAGE BLVD., SUITE 201 603 VILLAGE BLVD., SUITE 201 W. PALM BEACH FL 33409 W. PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2511828 Not Applicable -ريد حجوب عZip ست -- Country ----- = -\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACKERMAN, RONALD T. Street Address (P.O. Box Number is Not Acceptable) 603 VILLAGE BLVD., SUITE 201 W. PALM BEACH FL 33409 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE TITLE Delete Suite 201 NAME ACKERMAN, RONALD T. NAME STREET ADDRESS 603 VILLAGE BLVD. STREET ADDRESS 33409 CITY-ST-ZIP W. PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Surle 201 Change NAME PLISKOW, STEVEN NAME STREET ADDRESS 603 - VILLAGE BLVD. STREET ADDRESS 33409 CITY-ST-ZIP W. PALM_BCH._FL__ CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 Biget 1 for Block 12 if changed, or on an attachment with an address, with all other like empowered?

CITY-ST-ZIP

SIGNATURE:

8-12-02.



Certified Public Accountants and Consultants

August 20, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Steven M. Pliskow, MD

Ackerman & Pliskow, MD, PA

#M12929^{_}

Dear Sir or Madam:

We are writing this letter on behalf of the above-mentioned regarding the filing of the 2002 Uniform Business Report.

Our client never received the initial return with the May 1, 2002 deadline date and, therefore, did not file and pay the \$150.00 in a timely manner. It was only when he received the second notice of \$550.00 with a due date in September that he realized the error.

As he has always paid in a timely manner in prior years, could you please accept his payment of \$150.00 (check enclosed) as payment in full for 2002.

Please notify Dr. Pliskow of your decision at your earliest possible convenience.

Thank you in advance for your assistance.

Very truly yours,

GOLDSTEIN LEWIN & CO. Certified Public Accountants and Consultants

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Marsha Felder For the Firm

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