2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90055 005 ***150.00

DOCUMENT # P00000098507

1. Entity Name
MAGED S. HABIB, M.D., P.A.

Principal Place of Business	Mailing Address
3594 SOUTH OCEAN BOULEVARD UNIT ~~701~~ 805 HIGHLAND BEACH FL 33487	3594 SOUTH OCEAN BOULEVARD UNIT ~~701~~ 805 HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3594 SOUTH OCEAN BLVD	3594 SOUTH OCEAN BLVD
Suite, Apt. #, etc. UNIT 805	Suite, Apt. #, etc. UNIT 805
City & State HIGHLAND BEACH FL	City & State HIGHLAND BEACH FL
Zip 33487 Country	Zip 33487 Country

4. FEI Number 65-1053450 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name JOHN P MILLER
Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD SUITE 305A
City BOCA RATON **FL** Zip Code 33431

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] JOHN P. MILLER 2-5-02
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HABIB, MAGED S MD 3594 SOUTH OCEAN BOULEVARD UNIT ~~701~~ 805 HIGHLAND BEACH FL 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition unit 805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: SIGNATURE REQUIRED [signature] 2/4/02 561-414-7512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #