

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-11-2002 90078 029 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

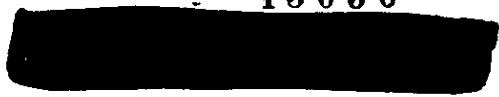
DOCUMENT # P01000066487

1. Entity Name
TODD R. ZUSMER, D.O., P.A.

Principal Place of Business
**5005 COLLINS AVE., UNIT 1201L
MIAMI BEACH FL 33140**

Mailing Address
**5005 COLLINS AVE., UNIT 1201L
MIAMI BEACH FL 33140**

43056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1122362** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LEVINSON, EDWARD E
407 LINCOLN RD., PH-SE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **TODD R. ZUSMER**
Street Address (P.O. Box Number is Not Acceptable)
5005 COLLINS AVE.
City **Miami Beach** FL Zip Code **33140**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE **9/5/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 PSTD ZUSMER, TODD R	<input type="checkbox"/> Delete
STREET ADDRESS 5005 COLLINS AVE., UNIT 1201L	
CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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]* SIGNATURE REQUIRED

DATE: **9/5/02** DAYTIME PHONE: **305 989 7333**

CR2E034 (4/02)