

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90058 013 ***150.00

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1. Entity Name
JOEL FRANKEL, M.D., PULMONARY ASSOCIATES, P.A.

Principal Place of Business
2951 NW 49TH AVE
FT LAUDERDALE FL 33313
Mailing Address
2951 NW 49TH AVE
FT LAUDERDALE FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 65-0376601
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, BRIAN
1 SE THIRD AVE
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE
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.
10. Election Campaign Financing Trust Fund Contribution.
\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 4 columns: Title, Name, Street Address, City-ST-ZIP. Includes entry for JOEL FRANKEL.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

12555950

CR2E034 (10/00)