

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90124 019 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000061325

1. Entity Name **RAYMOND H NAHMAD DDS PA**

7931 NW 53 ST  
 MIAMI, FL 33166

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 MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FLI Number  
**65-0849707**

Applied for  
 Not Applicable

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

7. Name and Address of Current Registered Agent

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 file if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

9. This corporation is eligible to satisfy its intangible  
 tax filing requirement and elects to do so   
 (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$81.25  
 Make Check Payable to Department of State**

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

**OFFICERS AND DIRECTORS**

11. TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP
P/S/D	NAHMAD, RAYMOND H	7931 NW 53 ST	MIAMI	FL	33166
TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP
TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP
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TITLE	NAME	STREET ADDRESS	CITY	STATE	ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond H Nahmad DDS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 305-592-5777

DATE

Daytime Phone

CR20348 (12/01)