

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000002572**

1. Entity Name

JASON H. FROST, D.O., P.A.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90062 032 ***150.00

Principal Place of Business

**1380 N.E. MIAMI GARDENS DRIVE
SUITE 225
N MIAMI BEACH FL 33179**

Mailing Address

**1380 N.E. MIAMI GARDENS DRIVE
SUITE 225
N MIAMI BEACH FL 33179**

2. Principal Place of Business

3317 Barbados Ave

Suite, Apt. #, etc.

3. Mailing Address

3317 Barbados Ave

Suite, Apt. #, etc.

City & State

Cooper City FL

Zip

33026

Country

City & State

Cooper City FL

Zip

33026

Country

4. FEI Number

65-0804943

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

**RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33433**

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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete
	D FROST, JASON H	1380 N.E. MIAMI GARDENS DRIVE	3317 Barbados Ave	
		N MIAMI BEACH FL 33179	Cooper City FL 33026	

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

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

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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

JASON H. FROST

Date

1/21/01

Daytime Phone #

954 442 8786

CR2E034 (10/00)